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Chapter 246-320 WAC HOSPITAL LICENSING REGULATIONS -

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WAC 246-320-001 Purpose and applicability of chapter. This chapter is adopted by the Washington state department of health to implement the provisions of chapter 70.41 RCW and establish minimum health and safety requirements for the operation, maintenance, and construction of acute care hospitals.

(1) Compliance with the regulations in this chapter does not constitute release from the requirements of applicable state and local codes and ordinances. Where regulations in this chapter exceed other codes and ordinances, the regulations in this chapter will apply:

(2) The department will review references to codes and regulations in this chapter, and:

(a) Update as necessary; and

(b) Adopt a revised list of referenced standards, if required.

WAC 246-320-010 Definitions. For the purposes of this chapter and chapter 70.41 RCW, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

(1) "Abuse" ~~Does this definition need to be revised?~~ means injury or sexual abuse of a patient under circumstances indicating the health, welfare, and safety of the patient is harmed. Person "legally responsible" will include a parent, guardian, or an individual to whom parental or guardian responsibility is delegated (e.g., teachers, providers of residential care and treatment, and providers of day care):

(a) "Physical abuse" means ~~damaging or potentially damaging~~ nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment, or other actions which may result in emotional or behavioral ~~stress or injury problems~~, physical manifestations, disordered or delayed development.

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(2) "Accredited" means approved by the joint commission on accreditation of healthcare organizations (JCAHO or AOA).

ADVERSE EVENT a negative consequence of care that results in an unintended injury or illness, which may or may not have been preventable. As used in this chapter, such an event results in death or loss of bodily function lasting more than seven days or is still present at the time of discharge. Events listed in this chapter have been developed by the National Quality Foundation as "serious reportable events".

(3) "Administrative business day" means Monday, Tuesday, Wednesday, Thursday, or Friday, 8:00 a.m. to 5:00 p.m., exclusive of recognized state of Washington holidays.

(4) "Agent," when used in a reference to a medical order or a procedure for a treatment, means any power, principle, or substance, whether physical, chemical, or biological, capable of producing an effect upon the human body.

(5) "Airborne precaution room" means a room that is designed and equipped to care for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue [five microns or smaller in size] of evaporated droplets containing microorganisms that remain suspended in the air and can be widely dispersed by air currents within a room or over a long distance).

(6) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or endangered, or his or her social or economic functioning is substantially disrupted.

(7) "Alteration":

(a) "Alteration" means any change, addition, remodel or modification in construction, or occupancy to an existing hospital or a portion of an existing hospital.

(b) "Major alteration" means any physical change within an existing hospital that changes the occupancy (as defined in state building code) and scope of service within a room or area, results in reconstruction to major portions of a floor or department, or requires significant revisions to building systems or services.

(c) "Minor alteration" means any physical change to an existing hospital which does not affect the structural integrity of the hospital building, which does not affect fire and life safety, and which does not add beds or facilities over those for which the hospital is licensed.

AOA means American Osteopathic Association

(8) "Ambulatory" means an individual physically and mentally capable of walking or traversing a normal path to safety, including

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the ascent and descent of stairs, without the physical assistance of another person.

(9) "Area" means a portion of a room or building that is separated from other functions in the room or portions of the building by a physical barrier or adequate space.

(10) "Assessment" means the: (a) Systematic collection and review of patient-specific data; (b) process established by a hospital for obtaining appropriate and necessary information about each individual seeking entry into a health care setting or service; and (c) information to match an individual's need with the appropriate setting and intervention.

(11) "Authentication" means the process used to verify that an entry is complete, accurate, and final.

(12) "Bathing facility" means a bathtub or shower, but does not include sitz bath or other fixtures designated primarily for therapy.

Bed or bed space means the physical environment and equipment (both movable and stationary) designed and used for the 24 hour or more care of a patient. This does not include stretchers, exam tables, operating tables, well baby bassinets, labor bed, labor-delivery-recovery bed

Bed Capacity means the total licensed space available that meets the physical plant and equipment requirements necessary to support care delivery to a patient in a bed. This shall not exceed the number of bed spaces authorized in a Certificate of Need under chapter 70.38 RCW.

(13) "Birthing room" or "labor-delivery-recovery (LDR) room" or "labor-delivery-recovery-postpartum (LDRP) room" means a room designed and equipped for the care of a woman, fetus, and newborn, and to accommodate her support people during the complete process of vaginal childbirth.

(14) "Child" means an individual under the age of eighteen years.

(15) "Clean" when used in reference to a room, area, or facility means space or spaces and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition.

(16) "Communication system" means telephone, intercom, nurse call or wireless devices used by patients and staff to communicate.

(17) "Critical care unit or service" means the specialized medical and nursing care provided to patients facing an immediate life-threatening illness or injury. The care is provided by multidisciplinary teams of highly experienced and skilled physicians, nurses, pharmacists or other allied health professionals who have the ability to interpret complex therapeutic and diagnostic information and access to highly sophisticated equipment.

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(18) "Department" means the Washington state department of health.

(19) "Detoxification" means the process of ridding the body of the transitory effects of intoxication and any associated physiological withdrawal reaction.

(20) "Dialysis facility" means a separate physical and functional nursing unit of the hospital serving patients receiving renal dialysis.

(21) "Dialysis station" means an area designed, equipped, and staffed to provide dialysis services for one patient.

(22) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American Dietetic Association described in Directory of Dietetic Programs Accredited and Approved, American Dietetic Association, edition 100, 1980.

(23) "Direct access" means access to one room from another room or area without going through an intervening room or into a corridor.

(24) "Double-checking" means verification of patient identity, agent to be administered, route, quantity, rate, time, and interval of administration by two persons legally qualified to administer such agent prior to administration of the agent.

(25) "Drugs" as defined in RCW 18.64.011(3) means:

(a) Articles recognized in the official U.S. pharmacopoeia or the official homeopathic pharmacopoeia of the United States;

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;

(c) Substances (other than food) intended to affect the structure or any function of the body of man or other animals; or

(d) Substances intended for use as a component of any substances specified in (a), (b), or (c) of this subsection but not including devices or component parts or accessories.

(26) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(27) "Easily cleanable" means readily accessible and made with materials and finishes fabricated to permit complete removal of residue or dirt by accepted cleaning methods.

(28) "Electrical receptacle outlet" means an outlet where one or more electrical receptacles are installed.

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(29) "Emergency care to victims of sexual assault" means medical examinations, procedures, and services provided by a hospital emergency room to a victim of sexual assault following an alleged sexual assault.

(30) "Emergency contraception" means any health care treatment approved by the food and drug administration that prevents pregnancy, including, but not limited to, administering two increased doses of certain oral contraceptive pills within seventy-two hours of sexual contact.

(31) "Emergency triage" means the immediate patient assessment by a registered nurse, physician, or physician assistant to determine the nature and urgency of the person's medical need and the time and place care and treatment is to be given.

(32) "Facilities" means a room or area and equipment serving a specific function.

(33) "Failure or major malfunction" means an essential environmental, life safety or patient care function, equipment or process ceasing operation or capability of working as intended and any back up, reserve or replacement to the function, equipment or process has not occurred or is nonexistent. Such as, but not limited to, the:

(a) Normal electrical power ceases and the emergency generator(s) do not function;

(b) Ventilation system ceases to operate or reverses air flow and causes contaminated air to circulate into areas where it was not designated or intended to flow; or

(c) Potable water in the hospital becomes contaminated so it cannot be used.

(34) "Family" means individuals important to and designated by a patient who need not be relatives.

(35) "Faucet controls" means wrist, knee, or foot control of the water supply:

(a) "Wrist control" means water supply is controlled by handles not less than four and one-half inches overall horizontal length designed and installed to be operated by the wrists;

(b) "Knee control" means the water supply is controlled through a mixing valve designed and installed to be operated by the knee;

(c) "Foot control" means the water supply is controlled through a mixing valve designed and installed to be operated by the foot.

(36) "Governing authority/body" means the person or persons responsible for establishing the purposes and policies of the hospital.

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(37) "Grade" means the level of the ground adjacent to the building. The ground must be level or slope downward for a distance of at least ten feet away from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(38) "He, him, his, or himself" means an individual of either sex, male or female, and does not mean preference for nor exclude reference to either sex.

(39) "High-risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by a number of factors, prenatal, natal, or postnatal needing special medical or nursing care.

(40) "Hospital" means any institution, place, building, or agency providing accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this chapter does not include:

(a) Hotels, or similar places furnishing only food and lodging, or simply domiciliary care;

(b) Clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more;

(c) Nursing homes, as defined and which come within the scope of chapter 18.51 RCW;

(d) Birthing centers, which come within the scope of chapter 18.46 RCW;

(e) Psychiatric or alcoholism hospitals, which come within the scope of chapter 71.12 RCW;

Hospice care centers which come within the scope of chapter 70.127 RCW; nor

(f) Any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions.

(g) Furthermore, nothing in this chapter will be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denominations.

(41) "Individualized treatment plan" means a written or electronically recorded statement of care planned for a patient

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based upon assessment of the patient's developmental, biological, psychological, and social strengths and problems, and including:

- (a) Treatment goals, with stipulated time frames;
- (b) Specific services to be utilized;
- (c) Designation of individuals responsible for specific service to be provided;
- (d) Discharge criteria with estimated time frames; and
- (e) Participation of the patient and the patient's designee as appropriate.

(42) "Infant" means ~~a baby or very young child up to one year of age.~~ **an individual not more than 12 months old**

(43) "Infant station" means a space for a bassinet, incubator, or equivalent, including support equipment used for the care of an individual infant.

(44) "Inpatient" means a patient receiving services that require admission to a hospital for twenty-four hours or more.

(45) "Intermediate care nursery" means **(Should this definition incorporate the level 2 nursery)** an area designed, organized, staffed, and equipped to provide constant care and treatment for mild to moderately ill infants not requiring neonatal intensive care, but requiring physical support and treatment beyond support required for a normal neonate and may include the following:

- (a) Electronic cardiorespiratory monitoring;
- (b) Gavage feedings;
- (c) Parenteral therapy for administration of drugs; and
- (d) Respiratory therapy with intermittent mechanical ventilation not to exceed a continuous period of twenty-four hours for stabilization when trained staff are available.

(46) "Interventional service facility" means a facility other than operating room (OR) where invasive procedures are performed.

(47) "Invasive procedure" means a procedure involving puncture or incision of the skin or insertion of an instrument or foreign material into the body including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations. Excluded are venipuncture and intravenous therapy.

(48) "JCAHO" means joint commission on accreditation of healthcare organizations.

(49) "Labor room" means a room in which an obstetric patient is placed during the first stage of labor, prior to being taken to the

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delivery room.

(50) "Labor-delivery-recovery (LDR) room," "birthing room," or "labor-delivery-recovery-postpartum (LDRP) room" means a room designed and equipped for the care of a woman, fetus, and newborn and to accommodate her support people during the complete process of vaginal childbirth.

"Licensed independent practitioner" means a practitioner as defined in this chapter and any other person permitted by Washington State law and hospital policy having the authority to order medications and other therapeutic interventions for patients.

(51) "Licensed practical nurse," ~~abbreviated~~ LPN, means an individual licensed under provisions of chapter 18.78 RCW.

(52) "Long-term care ~~unit~~" means ~~a group of beds for the accommodation of~~ service delivery to patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(53) "Maintainable" means able to preserve or keep in an existing condition.

(54) "Maintenance" means the work of keeping something in ~~workable or~~ suitable condition.

~~(55) "Major permanent loss of function" means sensory, motor, physiological, or intellectual impairment not present on admission requiring continued treatment or lifestyle change. When this condition cannot be immediately determined, the designation will be made when the patient is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first.~~

(56) "Medical staff" means physicians and may include other practitioners appointed by the governing authority to practice within the parameters of the governing authority and medical staff bylaws.

(57) "Medication" means any substance, other than food or devices, intended for use in diagnosing, curing, mitigating, treating, or preventing disease.

(58) "Movable equipment" means equipment not built-in, fixed, or attached to the building.

(59) "Must" means compliance is mandatory.

(60) "Multidisciplinary treatment team" means a group of individuals from the various disciplines and clinical services who assess, plan, implement, and evaluate treatment for patients.

(61) "Neglect" ~~Does this definition need to be revised?~~ means mistreatment or maltreatment; an act or omission evincing; a serious

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disregard of consequences of a magnitude constituting a clear and present danger to an individual patient's health, welfare, and safety.

(a) "Physical neglect" means physical or material deprivation, such as lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing, or cleanliness.

(b) "Emotional neglect" means acts such as rejection, lack of stimulation, or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations, and disordered development.

(62) "Neonate" or "newborn" means a ~~newly-born~~ infant under twenty-eight days of age.

(63) "Neonatal intensive care nursery" means (Should this definition incorporate Level III nursery) an area designed, organized, equipped, and staffed for constant nursing, medical care, and treatment of high-risk infants who may require:

(a) Continuous ventilatory support, twenty-four hours per day;

(b) Intravenous fluids or parenteral nutrition;

(c) Preoperative and postoperative monitoring when anesthetic other than local is administered;

(d) Cardiopulmonary or other life support on a continuing basis.

(64) "Neonatologist" means a pediatrician who is board certified in neonatal-perinatal medicine or board eligible in neonatal-perinatal medicine, provided the period of eligibility does not exceed three years, as defined and described in Directory of Residency Training Programs by the Accreditation Council for Graduate Medical Education, American Medical Association, 1998 or the American Osteopathic Association Yearbook and Directory, 1998.

(65) "Newborn nursery care" means (Should this definition incorporate level 1 nursery) the provision of nursing and medical services described by the hospital and appropriate for well and convalescing infants including supportive care, ongoing physical assessment, and resuscitation.

(66) "New construction" means any of the following:

(a) New buildings to be licensed as a hospital;

(b) Additions to an existing hospital;

(c) Conversion of an existing building or portions thereof for use as a hospital;

(d) Alterations to an existing hospital

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Should other items be considered in defining new construction? size, cost, area within facility.

(67) "Nonambulatory" means an individual physically or mentally unable to walk or traverse a normal path to safety without the physical assistance of another.

(68) "Notify" means to provide notice of required information to the department by the following methods, unless specifically stated otherwise in this chapter:

- (a) Telephone;
- (b) Facsimile;
- (c) Written correspondence; or
- (d) In person.

(69) "Nursing unit" means a separate physical and functional unit of the hospital including ~~a group of patient rooms~~ or areas containing beds or bed spaces, with available support ancillary, administrative, and service facilities necessary for nursing service to the occupants of these patient rooms.

(70) "Nutritional assessment" means an assessment of a patient's nutritional status conducted by a registered dietitian.

(71) "Nutritional risk screen" means a part of the initial assessment that can be conducted by any trained member of the multidisciplinary treatment team.

(72) "Observation room" means a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

Observation bed means a bed not used nor intended for 24 hour or more patient care delivery

(73) "Obstetrical area" means the portions or units of the hospital designated or designed for care and treatment of women during the antepartum, intrapartum, and postpartum periods, and/or areas designed as nurseries for care of newborns.

(74) "Operating room (OR)" means a room within the surgical department intended for invasive and noninvasive procedures requiring anesthesia.

(75) "Outpatient" means a patient receiving services that generally do not require admission to a hospital bed for twenty-four hours or more.

(76) "Outpatient services" means services that do not require admission to a hospital for twenty-four hours or more.

(77) "Patient" means an individual receiving (or having received) preventive, diagnostic, therapeutic, rehabilitative,

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maintenance, or palliative health services at the hospital.

(78) "Patient care areas" means all nursing service areas of the hospital where direct patient care is rendered and all other areas of the hospital where diagnostic or treatment procedures are performed directly upon a patient.

(79) "Patient related technology" means equipment used in a patient care environment to support patient treatment and diagnosis, such as [but not limited to](#) electrical, battery and pneumatic powered technology as well as support equipment and disposables.

(80) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(81) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW as now or hereafter amended.

(82) "Pharmacy" means the central area in a hospital where drugs are stored and are issued to hospital departments or where prescriptions are filled.

(83) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, chapter 18.22 RCW, Podiatric medicine and surgery, or chapter 18.57 RCW, Osteopathy--Osteopathic medicine and surgery.

(84) "Prescription" means an order for drugs or devices issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe drugs or devices in the course of his or her professional practice for a legitimate medical purpose.

(85) "Pressure relationships" of air to adjacent areas means:

(a) Positive (P) pressure ([Should this definition be revised?](#)) is present in a room when the:

(i) Room sustains a minimum of 0.001 inches of H₂O pressure differential with the adjacent area, the room doors are closed, and air is flowing out of the room; or

(ii) Sum of the air flow at the supply air outlets (in CFM) exceeds the sum of the air flow at the exhaust/return air outlets by at least 70 CFM with the room doors and windows closed;

(b) Negative (N) pressure ([Should this definition be revised?](#)) is present in a room when the:

(i) Room sustains a minimum of 0.001 inches of H₂O pressure differential with the adjacent area, the room doors are closed, and air is flowing into the room; or

(ii) Sum of the air flow at the exhaust/return air outlets (in CFM) exceeds the sum of the air flow at the supply air outlets by at least 70 CFM with the room doors and windows closed;

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(c) Equal (E) pressure (Should this definition be revised?) is present in a room when the:

(i) Room sustains a pressure differential range of plus or minus 0.0002 inches of H₂O with the adjacent area, and the room doors are closed; or

(ii) Sum of the air flow at the supply air outlets (in CFM) is within ten percent of the sum of the air flow at the exhaust/return air outlets with the room doors and windows closed.

Practitioner means Pharmacists as defined in chapter [18.64 RCW](#); advanced registered nurse practitioners as defined in chapter [18.79 RCW](#); dentists as defined in chapter [18.32 RCW](#); naturopaths as defined in chapter [18.36A RCW](#); optometrists as defined in chapter [18.53 RCW](#); osteopathic physicians and surgeons as defined in chapter [18.57 RCW](#); osteopathic physician [physicians'] assistants as defined in chapter [18.57A RCW](#); physicians as defined in chapter [18.71 RCW](#); physician assistants as defined in chapter [18.71A RCW](#); podiatric physicians and surgeons as defined in chapter [18.22 RCW](#); and psychologists as defined in chapter [18.83 RCW](#). (Definition taken from 2005 law change in SSB 5492, RCW 70.41.210)

(86) "Procedure" means a particular course of action to relieve pain, diagnose, cure, improve, or treat a patient's condition usually requiring specialized equipment.

(87) "Protective precaution room" means a room designed and equipped for care of patients with a high risk for contracting infections, such as bone marrow and organ transplant patients.

(88) "Protocols" and "standing order" mean written or electronically recorded descriptions of actions and interventions for implementation by designated hospital personnel under defined circumstances and authenticated by a legally authorized person under hospital policy and procedure.

Implementation of a protocol requires an order from a licensed independent practitioner and when used must be recorded in the patient record.

A standing order is for an emergency situation, including but not limited to cardio-pulmonary resuscitation or anaphylactic shock and does not require an order from a licensed independent practitioner prior to implementation.

(89) "Psychiatric service" means the treatment of patients pertinent to the psychiatric diagnosis whether or not the hospital maintains a psychiatric unit.

(90) "Psychiatric unit" means a separate area of the hospital specifically reserved for the care of psychiatric patients (a part of which may be unlocked and a part locked), as distinguished from "seclusion rooms" or "security rooms" as defined in this section.

(91) "Reassessment" means ongoing data collection comparing the most recent data with the data collected on the previous

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assessment(s).

(92) "Recovery unit" means a special physical and functional area for the segregation, concentration, and close or continuous nursing observation and care of patients for a period of less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures which may produce shock, respiratory obstruction or depression, or other serious states.

(93) "Registered nurse" means an individual licensed under the provisions of chapter 18.79 RCW and practicing in accordance with the rules and regulations promulgated thereunder.

(94) "Remodel" means the reshaping or reconstruction of a part or area of the hospital.

(95) "Restraint" means any method used to prevent or limit free body movement including, but not limited to, involuntary confinement, ~~an apparatus~~ a physical or mechanical device, or a drug given not required to treat a patient's medical symptoms. *A patient in restraint is continually monitored face-to-face by an assigned staff member or continually monitored by staff using both video and audio equipment.*

A physical restraint is any manual method, physical or mechanical device, material or equipment attached or adjacent to a patient's body that the patient cannot easily remove and restricts freedom of movement or access to one's own body.

A drug or chemical restraint is a medication used to control behavior or to restrict a patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.

(96) "Room" means a space set apart by floor-to-ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.

Seclusion means the involuntary confinement of a patient in a room or area where the patient is physically prevented from leaving. A patient in seclusion is continually monitored face-to-face by an assigned staff member or continually monitored by staff using both video and audio equipment or technology.

(97) "Seclusion room" means a ~~small~~, secure room specifically designed and organized for temporary placement, care, and observation of one patient and for an environment with minimal sensory stimuli, maximum security and protection, and visual *and auditory* observation of the patient by authorized personnel and staff. Doors of seclusion rooms are provided with staff-controlled locks.

(98) "Secretary" means the secretary of the department of health.

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Security room means (Suggest a definition)

(99) "Self-administration of drugs" means a patient administering or taking his or her own drugs from properly labeled containers: Provided, That the facility maintains the responsibility for seeing the drugs are used correctly and the patient is responding appropriately.

(100) "Sensitive area" means a room used for surgery, transplant, obstetrical delivery, nursery, post-anesthesia recovery, special procedures where invasive techniques are used, emergency or critical care including, but not limited to, intensive and cardiac care or areas where immunosuppressed inpatients are located and central supply room.

(101) "Sexual assault" has the same meaning as in RCW 70.125.030.

(102) "Sinks":

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Scrub sink" means a plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee, foot, electronic, or equivalent control, and gooseneck spout without aerators including brush and handsfree soap dispenser.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(d) "Handsfree handwash sink" means a plumbing fixture of adequate size and proper design to minimize splash and splatter and permit hand washing without touching fixtures, with adjacent soap dispenser with foot control or equivalent and single service hand drying device.

(e) "Handwash sink" means a plumbing fixture of adequate size and proper design for washing hands, with adjacent soap dispenser and single service hand drying device.

(103) "Soiled" (when used in reference to a room, area, or facility) means space and equipment for collection or cleaning of used or contaminated supplies and equipment or collection or disposal of wastes.

(104) "Special procedure" means a distinct and/or special diagnostic exam or treatment, such as, but not limited to, endoscopy, angiography, and cardiac catheterization.

(105) "Staff" means paid employees, leased or contracted persons, students, and volunteers.

(106) "Stretcher" means a four-wheeled cart designed to serve as a litter for the transport of an ill or injured individual in a

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horizontal or recumbent position.

(107) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering, and involving any of the following:

(a) Incision, excision, or curettage of tissue or an organ;

(b) Suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture;

(c) Extraction of tissue including the premature extraction of the products of conception from the uterus; or

(d) An endoscopic examination with use of anesthetizing agents.

(108) "Surrogate decision-maker" means an individual appointed to act on behalf of another. Surrogates make decisions only when an individual is without capacity or has given permission to involve others.

(109) "Through traffic" means traffic for which the origin and destination are outside the room or area serving as a passageway.

(110) "Toilet" means a room containing at least one water closet.

(111) "Treatment" means the care and management of a patient to combat, improve, or prevent a disease, disorder, or injury, and may be:

(a) Pharmacologic, surgical, or supportive;

(b) Specific for a disorder; or

(c) Symptomatic to relieve symptoms without effecting a cure.

(112) "Treatment room" means a hospital room for medical, surgical, dental, or psychiatric management of a patient.

(113) "Victim of sexual assault" means a person who alleges or is alleged to have been sexually assaulted and who presents as a patient.

"Vulnerable adult" means, as defined in chapter 74.34 RCW, a person 60 years of age or older who lacks the functional, physical, or mental ability to care for him or herself; an adult with a developmental disability per RCW 71A.10.020; an adult with a legal guardian per chapter 11.88 RCW; an adult living in a long-term care facility (an adult family home, boarding home or nursing home); an adult living in their own or a family's home receiving services from an agency or contracted individual provider; or an adult self-directing their care per 74.39.050 RCW.

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For the purposes of requesting background checks pursuant to 43.43.832 RCW, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves.

For the purposes of this chapter, it shall also include hospitalized adults.

(114) "Water closet" means a plumbing fixture fitted with a seat and device for flushing the bowl of the fixture with water.

(115) "Will" means compliance is mandatory.

(116) "Window" means a glazed opening in an exterior wall.

(a) "Maximum security window" means a window that can only be opened by keys or tools under the control of personnel. The operation will be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and other appropriate security features will be incorporated. Approved transparent materials other than glass may be used.

(b) "Relite" means a glazed opening in an interior partition between a corridor and a room or between two rooms to permit viewing.

(c) "Security window" means a window designed to inhibit exit, entry, and injury to a patient, incorporating approved, safe transparent material.

(117) "Work surface" means a flat hard horizontal surface such as a table, desk, counter, or cart surface.

WAC 246-320-025 On-site licensing survey. The purpose of this section is to provide annual on-site survey requirements in accordance with chapter 70.41 RCW.

(1) The department will:

(a) Conduct at least one on-site licensing survey ~~once every eighteen months~~ ~~each calendar year~~ ~~on average~~ to determine compliance with the provisions in chapter 70.41 RCW and this chapter;

Notify the hospital at least four weeks before starting an on-site survey;

(b) Notify the hospital in writing of state survey findings;

Require each hospital to submit a corrective action plan that addresses each deficient practice identified in the written survey findings;

May provide a hospital a corrective action plan that directs the hospital on how to address the written survey findings;

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(c) Contact the hospital to discuss the findings of an on-site Licensing, ~~or joint commission on accreditation of health care organizations (JCAHO)~~ or AOA survey when appropriate; and

(d) Accept as meeting the 18 month state licensing survey according to subsection 1a above an accreditation survey conducted by JCAHO or AOA. ~~Not conduct the annual on site licensing survey when requested by a hospital accredited by JCAHO in accordance with subsections (2) and (3) of this section.~~

Conduct unannounced complaint investigations concerning allegations of patient care or safety are received that indicate a hospital may be potentially in violation of the requirements in this chapter or chapter 70.41 RCW.

Notify the hospital in writing of the complaint investigation findings;

Require each hospital to submit a corrective action plan that addresses each deficient practice identified in the written complaint investigation findings;

May provide a hospital a corrective action plan that directs the hospital on how to address the written complaint investigation findings.

~~(2) A hospital accredited by the JCAHO may request exclusion from an annual on site licensing survey during the year of the JCAHO survey. To request exclusion, a hospital must submit to the department:~~

~~(a) A written request asking to be excluded from the annual on site licensing survey during the calendar year in which the hospital will be surveyed by the JCAHO;~~

~~(b) The written request at least thirty days prior to the beginning of the calendar year for which the exclusion from an annual on site licensing survey will be made;~~

~~(c) Verification of current JCAHO accreditation; and~~

~~(d) A copy of the decisions and findings of the JCAHO survey within thirty days of receipt of the final JCAHO survey report.~~

~~(3) The department will grant an exclusion from the annual on site licensing survey when:~~

~~(a) The hospital:~~

~~(i) Meets the requirements in subsection (2) of this section; and~~

~~(ii) Verifies current JCAHO accreditation;~~

~~(b) The department determines the JCAHO survey standards used at the time of the JCAHO survey exceed or are substantially~~

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~~equivalent to chapter 70.41 RCW and this chapter.~~

(4) A hospital excluded from [state conducted an eighteen month annual](#) on-site licensing survey in accordance with this section:

(a) Is ~~not~~ subject to [a complaint investigation an annual on-site licensing survey at any time during the calendar year the hospital is surveyed by the JCAHO and for twelve months after the date of the JCAHO survey;](#) and

(b) Must notify the department in writing of: [their JCAHO or AOA accreditation decision and](#) any changes in JCAHO or AOA accreditation status within ten days of receipt of the accreditation report from the respective accreditation organization ~~JCAHO~~.

WAC 246-320-045 Application for license -- License expiration dates ~~Notice of decision~~ ~~Adjudicative proceeding~~. The purpose of this section is to ensure hospitals are licensed in accordance with chapter 70.41 RCW.

(1) An applicant not currently licensed must submit to the department an application for licensure and applicable fee in accordance with RCW 70.41.100 [and WAC 246-320-990](#).

(2) The department will, prior to issuing an initial license, verify compliance with the provisions of chapter 70.41 RCW and this chapter which include, but are not limited to:

(a) Approval of construction documents;

(b) Receipt of a certificate of need as provided in chapter 70.38 RCW;

(c) Compliance with local codes and ordinances, including approval to occupy; ~~and~~

(d) Conducting an on-site licensing survey in accordance with WAC 246-320-025; and

[Compliance with the on-site survey conducted by the State Fire Marshal as provided in chapter 70.41.](#)

(3) The licensed hospital must submit to the department:

(a) No later than November 30 of each calendar year, an application for licensure or verification of license information and applicable fee in accordance with RCW 70.41.100 [and WAC 246-320-990](#); and

(b) An application addendum indicating any changes to the information previously provided.

[WAC 246-320-NEW SECTION, Department Responsibilities -- Notice of decision -- Adjudicative proceeding. The purpose of this section is to identify the actions and responsibilities of the Department with regards to the licensing, surveying and investigating complaints of hospitals.](#)

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(41) The department will issue hospital licenses initially and reissue hospital licenses as often thereafter as necessary each calendar year so as to cause approximately one-third of the total number of hospital licenses to expire on the last day of the calendar year. ~~Licenses issued pursuant to this chapter may be valid for any period not to exceed thirty six months.~~

(52) The department may issue a provisional license to permit the operation of the hospital for a period of time to be determined by the department if there is failure to comply with the provisions of chapter 70.41 RCW or this chapter.

(63) The department may deny, suspend, modify, or revoke a license in any case in which it finds that there has been a failure or refusal to comply with the requirements of chapter 70.41 RCW or this chapter.

(a) The department's notice of a denial, suspension, modification, or revocation of a license will be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest a license decision.

(b) A license applicant or holder contesting a department license decision will within twenty-eight days of receipt of the decision:

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the office of the Adjudicative Clerk, Department of Health, PO Box 47879, Olympia, WA 98504-7879; and

(ii) Include in or with the application:

(A) A specific statement of the issue or issues and law involved;

(B) The grounds for contesting the department decision; and

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapters 246-08 and 246-10 WAC. If a provision in this chapter conflicts with chapter 246-08 or 246-10 WAC, the provision in this chapter governs.

(4) The Department will:

(a) Conduct on-site surveys of each hospital every 18 months or more often to ensure compliance with the health and safety standards in this chapter and chapter 70.41 RCW:

(i) Notify the hospital at least four weeks prior to the scheduled date of the survey;

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(ii) Coordinate the survey with other agencies, including local fire jurisdiction, state fire marshal, state pharmacy board, and report the survey findings to those agencies;

(iii) Issue a statement of deficiencies following each on-site survey that identifies non-compliance with the standards in Chapter 70.41 RCW and this chapter; and

(iv) Notify a hospital when the hospital submitted plan of correction adequately addresses the statement of deficiencies.

(b) Deem on-site surveys conducted by the JCAHO or AOA as meeting the 18 month survey requirement in accordance with RCW 70.41.122;

(c) Conduct an investigation of every complaint against a hospital and adverse event reported by a hospital that concerns patient safety and well-being;

(d) In accordance with RCW 70.41.045, post to the agency website a list of the most frequent problems identified during hospital surveys and complaint investigations;

(e) Respond within 15 days to a hospital's request for an exemption or use of an alternative as provided for in section 065 of this chapter; and

(f) Respond within 30 days to a hospital's request for an interpretation as provided for in section 065 of this chapter.

WAC 246-320-065 Exemptions, alternative methods, and interpretations. The purpose of this section is to provide hospitals a mechanism to request an interpretation, exemption, or approval to use an alternative method. The provisions of this chapter are not intended to prevent use of any systems, materials, alternate design, or methods of construction as alternatives to those prescribed by these rules.

(1) A hospital requesting exemption from the provisions of this chapter must submit a written request to the department asking for an exemption. The hospital's request must:

- (i) Specify the section or sections for which the exemption applies;
- (ii) Explain the reason for making the exemption request;
- (iii) Describe how and why the exemption request will not jeopardize patient safety, health and well-being; and
- (iv) ~~when appropriate, Include supporting documentation~~ that supports the reason for the exemption.

(2) A hospital requesting ~~approval for~~ use of alternative

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materials, design, and methods must submit a written request to the department asking for approval to use an alternative. The hospital's request must:

(i) Explain the reason(s) for the use of ~~an~~ the alternative including a discussion of how the alternative is equivalent to the methods required in this chapter; ~~and must~~

(ii) ~~Include be supported by~~ technical documentation that supports the reason for the alternative; and

(iii) Describe how and why the alternative will not jeopardize patient safety, health and well-being.

(3) The department may:

(a) Exempt a hospital from complying with portions of this chapter when:

(i) The hospital complies with subsection (1) of this section.

(ii) After review and consideration, such exemption will not:

(A) Negate the purpose and intent of these rules;

(B) Place the safety or health of the patients in the hospital in jeopardy;

(C) Lessen any fire and life safety or infection control provision of other codes or regulations; and

(D) Effect any structural integrity of the building;

(b) Approve the use of alternative materials, designs, and methods when:

(i) The hospital complies with subsection (2) of this section; and

(ii) After review and consideration, such alternative:

(A) Meets the intent and purpose of these rules; and

(B) Is at least equivalent to the methods prescribed in these rules.

(4) A hospital requesting an interpretation of a rule or regulation contained in this chapter must submit a written request to the department. The hospital's request must:

(i) Specify the section or sections for which an interpretation is needed;

(ii) Include details of the circumstances to which the rule is being applied; and

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(iii) Provide any other information the department deems necessary.

~~(5) The department will, in response to a written request, send a written interpretation of a rule or regulation within thirty calendar days after the department has received complete information relevant to the requested interpretation.~~

(6) The department and hospital will keep a copy of each exemption or alternative granted or interpretation issued pursuant to the provisions of this section on file and available at all times.

WAC 246-320-085 Single license to cover two or more buildings ~~When permissible.~~ The purpose of this section is to allow a single hospital license to cover more than one building.

The department may issue a single hospital license to include two or more buildings, provided:

(1) The applicant or hospital:

(a) Meets the licensure requirements of chapter 70.41 RCW and this chapter; and

(b) Operates the multiple buildings as a single integrated system with:

(i) Governance by a single authority or body over all buildings or portions of buildings under the single license; ~~and~~

(ii) A single medical staff for all hospital facilities under the single license; ~~and~~

(iii) ~~Incorporation and use of all policies and procedures for all facilities and departments under the single license.~~

(2) The hospital arranges for safe, appropriate, and adequate transport of patients between buildings.

(3) ~~Outpatient clinics and services will not be included as part of a hospital's license unless the clinic or service provides care to inpatients.~~

WAC 246-320-105 Criminal history, disclosure, and background inquiries. The purpose of this section is to ensure criminal history background inquiries are conducted for any employee or prospective employee who has or will have unsupervised access to children, vulnerable adults, and developmentally disabled adults.

(1) Hospitals will:

(a) Require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed hospital having unsupervised access to:

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(i) Children under sixteen years of age;

(ii) Vulnerable adults as defined under RCW 43.43.830; and

(iii) Developmentally disabled individuals;

(b) Require a Washington state patrol background inquiry as specified in RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person applying for association with the licensed hospital prior to allowing the person unsupervised access to:

(i) Children under sixteen years of age;

(ii) Vulnerable adults as defined under RCW 43.43.830; and

(iii) Developmentally disabled individuals.

(2) The department will:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(3) The department may require the hospital to complete additional disclosure statements or background inquiries, if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry, for any person associated with the licensed facility having unsupervised access to:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

WAC 246-320-125 Governance. The purpose of the governance section is to provide organizational guidance and oversight and to ensure resources and staff to support safe and adequate patient care.

The governing authority will:

(1) Adopt and periodically review bylaws which address legal accountabilities and responsibilities. Bylaws will provide for medical staff communication and conflict resolution with the governing authority;

(2) Establish and review governing authority policies to include requirements for reporting practitioners and informing

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patients of any unanticipated outcomes in accordance with chapter 41.70 RCW, promote performance improvement, and provide for organizational management and planning;

(3) Establish a process for selecting and periodically evaluating a chief executive officer;

(4) Establish and appoint a medical staff; ~~and~~

(5) Approve bylaws, rules, and regulations as adopted by the medical staff before they can become effective.

WAC 246-320-145 Leadership. The purpose of the leadership section is to ensure care is provided consistently throughout the hospital and in accordance with patient and community needs.

The hospital leaders will:

(1) Design hospital-wide patient care services and define department specific scope of services appropriate to the scope and level of care required by the patients served and resources available; and

(a) Approve the scope of service of each department;

(b) Integrate and coordinate patient care services; and

(c) Provide for the uniform performance of patient care processes;

(2) Ensure all patients have access to safe and appropriate care;

(3) Establish and implement processes for:

(a) Gathering, assessing and acting on information regarding patient and family satisfaction with the services provided;

Posting the complaint hotline notice in accordance with RCW 70.41.330;

Reporting practitioners in accordance with RCW 70.41.210;

(b) Timely Complaint resolution for patients, families, employees, providers and others; and

Notifying patient or their families of unanticipated outcomes in accordance with RCW 70.41.380.

(4) Plan, promote, and conduct organization-wide performance-improvement activities to provide effective leadership and coordinated delivery of patient care;

(5) Ensure clinical services are provided in a timely manner;

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Ensure the adoption and implementation of policies and procedures concerning abandoned babies and hospitals as a safe haven in accordance with RCW 13.34.360.

(6) Ensure nursing policies and procedures, nursing standards of patient care, and standards of nursing practices are established and approved by the nurse executive or a designee(s), and nursing services are directed by:

(a) A nurse executive; or

(b) An identified registered nurse leader on a team to function at the executive level;

(7) Determine who has the authority to establish and approve hospital policies;

(8) Ensure individuals conducting business in the hospital comply with hospital policies and procedures;

(9) Adopt and implement policies and procedures in accordance with chapter 26.44 RCW to ensure suspected abuse to a child, **vulnerable** adult ~~dependent~~ or developmentally disabled person is reported within one administrative day to:

(a) Local police or appropriate law enforcement agency;

(b) The department of health; ~~or~~ **and**

(c) Other state agencies as appropriate;

(10) Notify the department whenever any of the following **adverse** events have been confirmed to have occurred:

~~(a) An unanticipated death or major permanent loss of function, not related to the natural course of a patient's illness or underlying condition;~~

~~(b) A patient suicide while the patient was under care in the hospital;~~

~~(c) An infant abduction or discharge to the wrong family;~~

~~(d) Sexual assault or rape of a patient or staff member while in the hospital;~~

~~(e) A hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities;~~

~~(f) Surgery performed on the wrong patient or wrong body part;~~

Surgical events:

Surgery performed on the wrong body part;

Surgery performed on the wrong patient;

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Wrong surgical procedure performed on a patient;

Retention of a foreign object in a patient after surgery or other procedure;

Intraoperative or immediately post-operative death in an ASA Class 1 patient;

Product or device events:

Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the hospital;

Patient death or serious disability associated with the use or function of a device in patient care which the device is used or functions other than intended;

Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a hospital;

Patient protection events:

Infant discharged to wrong person;

Patient death or serious disability associated with a patient elopement (disappearance) for more than four hours;

Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a hospital;

Care management events:

Patient death or serious disability associated with a medication error such as but not limited too errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, wrong route of administration;

Patient death or serious disability associated with a hemolytic reaction due to administration of ABO-incompatible blood or blood products;

Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a hospital;

Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in the hospital;

Death or serious disability (kernicterus) associated ith failure to identify and treat hyperbilirubinemia in a neonate;

Stage 3 or 4 pressure ulcers acquired after admission to the hospital;

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Patient death or serious disability due to spinal manipulative therapy;

Environmental events:

Patient death or serious disability associated with an electric shock while being cared for in the hospital;

Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains wrong gas or is contaminated by toxic substances;

Patient death or serious disability associated with a burn incurred from any source while being cared for in the hospital;

Patient death associated with a fall while being cared for in the hospital;

Patient death or serious disability associated with the use of restraints or bedrails while being cared for in the hospital;

Criminal events:

Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider;

Abduction of a patient of any age;

Sexual assault on a patient within or on the grounds of a hospital; and

Death or significant injury of a patient or staff member resulting from a physical assault (i.e. battery) that occurs within or on the grounds of the hospital.

Notify the department whenever any of the following facility events have been confirmed to have occurred:

(g) A failure or major malfunction of a facility system such as the heating, ventilation, fire alarm, fire sprinkler, electrical, electronic information management, or water supply which affects any patient diagnosis, treatment, or care service within the facility; or

(h) A fire which affects any patient diagnosis, treatment, or care area of the facility.

(11) Provide written notification to the department as required in subsection (10) of this section within two administrative business days of the hospital confirming the adverse event occurred ~~leaders learning of the confirmed event~~. The hospital is encouraged to confirm these events through a review or assessment by the hospital quality improvement or risk management processes. Each notice to the department:

(a) Must include:

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- (i) The hospital's name;
- (ii) The type of event which is being reported from subsection (10) of this section;
- (iii) The date the event occurred; and

A summary discussion of:

What lead up to or caused the event to occur;

The steps taken to correct the problem(s) that lead to the event;

The date for implementing the corrections to the problem(s); and

The process used to monitor the effectiveness of the correction.

(b) Will allow the department to ~~be informed of~~ analyze and as appropriate investigate events and produce reports to promote public health and safety ~~which in the interest of the public will be reviewed to determine if the department must either conduct an investigation or review the event during the next regularly scheduled on-site licensing survey;~~

(c) Will be confidentially maintained by the department, in accordance with the protections of the Public Disclosure Act, chapter 42.17 RCW, and other applicable laws and reporting requirements provided in RCW 70.41.150, 70.41.200, and 70.41.210; and

(d) Does not relieve a hospital from complying with any other applicable reporting or notification requirements, such as those relating to law enforcement or professional regulatory agencies.

WAC 246-320-165 Management of human resources. The purpose of the management of human resources section is to ensure the hospital provides competent staff consistent with scope of services.

Hospitals will adopt and implement policies and procedures to:

(1) Establish, review, and update written job descriptions for each job classification;

(2) Conduct periodic staff performance reviews;

(3) Ensure qualified and competent staff are available to operate each department;

(4) Ensure supervision of staff;

(5) Document verification of current staff licensure, certification, or registration;

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(6) Complete tuberculosis screening for new and current employees consistent with the current guidelines of the Centers for Disease Control and Prevention (CDC) as defined by WAC 246-320-99902(15);

(7) Provide orientation to the work environment;

(8) Provide information on infection control to staff upon hire and annually which includes:

(a) Education on general infection control in accordance with WAC 296-62-08001 bloodborne pathogens exposure control; and

(b) General and department specific infection control measures related to the work of each department in which the staff works; and

(9) Establish and implement an education plan that verifies or arranges for the appropriate education and training of staff on prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310.

WAC 246-320-185 Medical staff. The purpose of the medical staff section is to contribute to a safe and adequate patient care environment through the development of a medical staff structure and mechanisms to assure consistent clinical competence.

The hospital medical staff will:

(1) Adopt medical staff bylaws, rules, and regulations that define the medical staff, the organizational structure of the medical staff and address:

(a) Qualifications for membership;

(b) Verification of application data;

(c) Appointment process;

(d) Reappointment process;

(e) The length of appointment and reappointment;

(f) Process for granting of delineated clinical privileges;

(g) Provision for continuous care of patients;

(h) Assessment of credentialed practitioner's performance; ~~and~~

(i) Due process; ~~and~~

Reporting process for practitioners in accordance with RCW 70.41.210.

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(2) Include licensed physicians, [licensed independent practitioners](#) and may include other individuals granted privileges by the governing authority to provide patient care services; and

(3) Forward recommendations for membership, initial, renewed, or revised clinical privileges, in accordance with the bylaws, rules and regulations, and policies of the medical staff to the governing authority for action.

WAC 246-320-205 Management of information. The purpose of the management of information section is to obtain, manage, and use information to improve patient outcomes and the performance of the hospital in patient care, governance, management, and support services.

[Should this section allow for or address electronic medical records?](#)

Hospitals will:

(1) Facilitate patient care by providing medical staff and other practitioners timely access to information systems, resources, and services;

(2) Maintain confidentiality, security, and integrity of data and information;

(3) Initiate and maintain a medical record for every individual assessed or treated including a process to review records for completeness, accuracy, and timeliness. Medical records must:

(a) Contain information to identify the patient, the patient's clinical data to support the diagnosis, course and results of treatment, author identification, consent documents, and promote continuity of care;

(b) Be accurately written, dated, timed, promptly filed, retained in accordance with RCW 70.41.190 and chapter 5.46 RCW, and accessible;

(c) Indicate:

(i) The legally authorized practitioner authenticated the medical record after the record was transcribed; and

(ii) Entries are dated and authenticated in a timely manner;

(d) Include verbal orders by authorized individuals which are accepted and transcribed by qualified personnel;

(4) Establish a systematic method for identifying each medical record(s) to allow ready identification of area of service, filing, and retrieval of all the patient's record(s); and

(5) Adopt and implement policies and procedures that address:

(a) Access to and release of confidential data in medical

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records in accordance with chapter 70.02 RCW; and

(b) Transmittal of pertinent medical data to ensure continuity of care.

Regard materials obtained through procedures employed in diagnosing a patient's condition or assessing a patient's clinical course as original clinical evidence excluded from requirements for content of the medical record in subsection (3) of this section. Original clinical evidence includes, but is not limited to:

- x-ray films;
- digital records;
- laboratory slides;
- tissue specimens; and
- medical photographs.

WAC 246-320-225 Improving organizational performance. The purpose of the improving organizational performance section is to ensure that performance improvement activities of staff, medical staff, and outside contractors result in continuous improvement of patient health outcomes.

Hospitals will:

(1) Have a hospital-wide approach to process design and performance measurement, assessment, and improvement of patient care services in accordance with RCW 70.41.200 and including, but not limited to:

(a) A written performance improvement plan that is periodically evaluated and approved by the governing authority;

(b) Performance improvement activities which are collaborative and interdisciplinary and include at least one member of the governing authority; and

(c) Review of serious or undesirable patient outcomes in a timely manner;

(2) Systematically collect and assess data on important processes or outcomes related to patient care and organization functions. The hospital must prioritize and take appropriate action to improve and/or continue measurement in response to data assessment. The hospital will collect and assess data including, but not limited to:

(a) Processes or outcomes related to:

(i) Operative, other invasive, and noninvasive procedures that place patients at risk;

(ii) Infection rates;

(iii) Mortality;

(iv) Medication use;

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Medication management/administration related to wrong medication, wrong dose, wrong time and near misses and any other medication errors and incidents

(v) Hospital incurred injuries, such as, but not limited to, falls and restraint use;

Negative health outcomes and incidents injurious to patients (RCW 70.41.200e)

(vi) Events listed in WAC 246-320-145 (10) ~~(a) through (f)~~;

(vii) Discrepancies or patterns of discrepancies between preoperative and postoperative (including pathologic) diagnosis, including those identified during the pathologic review of specimens removed during surgical or invasive procedures;

(viii) Significant adverse drug reactions (as defined by the hospital);

(ix) Confirmed transfusion reactions;

(x) Adverse events or patterns of adverse events during anesthesia use; and

(xi) Other hospital specific measurements;

(b) The needs, expectations, and satisfaction of patients; and

(c) Quality control and risk management activities.

WAC 246-320-245 Patient rights and organizational ethics. The purpose of the patient rights and organizational ethics section is to help improve patient outcomes by respecting each patient and conducting all relationships with patients and the public in an ethical manner.

Hospitals will:

Post the Department of Health complaint hotline number

(1) Provide patients with a written statement of patients rights;

(2) Respect, inform, and support a patient's right to treatment and service by adopting and implementing policies and procedures that:

(a) Ensure the patient's right to:

Protection from abuse and neglect

Use of physical and chemical restraints

Complain about their care and treatment without fear of retribution or denial of care

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(i) Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, they are documented and explained to the patient and family;

(ii) Access protective services; and

(iii) Be involved in all aspects of their care including:

(A) Their right to refuse care and treatment; and

(B) Resolving dilemmas about care decisions;

(b) Result in:

(i) Obtaining informed consent;

(ii) Participation of family in care decisions when appropriate;

(c) Address ethical issues in patient care, including:

(i) Obtaining and honoring advance directives;

(ii) Withholding resuscitative services and forgoing or withdrawing life-sustaining treatment; and

(iii) Providing care at the end of life;

(d) Ensure procurement and donation of organs and other tissues, if done, is in accordance with RCW 68.50.500 and 68.50.560, medical staff input and family/surrogate decision-makers direction;

(e) Address research, investigation, and clinical trials including:

(i) Internal procedures to authorize the research;

(ii) Assurance that practitioners follow informed consent laws; and

(iii) Assurance that if the patient refuses to participate, their refusal will not compromise their access to services.

WAC 246-320-265 Infection control program. The purpose of the infection control program section is to identify and reduce the risk of acquiring and transmitting nosocomial infections and communicable diseases between patients, employees, medical staff, volunteers, and visitors.

Hospitals must develop and implement an infection control program and will:

(1) Designate a member or members of the staff to:

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(a) Oversee, review, evaluate, and approve the activities of the infection control program and the infection control aspects of appropriate hospital policies and procedures; and

(b) Provide consultation;

(2) Assure staff managing the infection control program have:

(a) Documented evidence of a minimum of two years experience in a health related field; and

(b) Training in the principles and practices of infection control;

(3) Adopt and implement written policies and procedures consistent with the published guidelines of the centers for disease control and prevention (CDC) [and the Association for Professionals in Infection Control & Epidemiology \(APIC\)](#) regarding infection control in hospitals, to guide the staff. Where appropriate, policies and procedures are specific to the service area and address:

(a) Receipt, use, disposal, processing, or reuse of hospital and nonhospital equipment to assure prevention of disease transmission;

(b) Prevention of cross contamination between soiled and clean items during sorting, processing, transporting, and storage;

(c) Environmental management and housekeeping functions, including:

(i) The process for approval of disinfectants, sanitation procedures, and equipment;

(ii) Cleaning areas used for surgical procedures as appropriate, before, between, and after cases;

(iii) General hospital-wide daily and periodic cleaning; and

(iv) A laundry and linen system that will ensure:

(A) The supply of linen/laundry is adequate to meet the needs of the hospital and patients;

(B) Standards used for processing linens assure that clean linen/laundry is free of toxic residues and within industry standard pH range(s); and

(C) Processing and storage in accordance with WAC 246-320-595(3);

(d) Occupational health consistent with current practice;

(e) Attire;

(f) Traffic patterns;

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- (g) Antisepsis and handwashing;
 - (h) Scrub technique and surgical preparation;
 - (i) Biohazardous waste management in accordance with applicable federal, state, and local regulations;
 - (j) Barrier and transmission precautions [including maintaining humidity levels in accordance with APIC guidelines](#); and
 - (k) Pharmacy and therapeutics; ~~and~~
- (4) Establish and implement a plan for:
- (a) Public health coordination, including a system for reporting communicable diseases in accordance with chapter 246-100 WAC Communicable and certain other diseases; and
 - (b) Surveillance and investigation consistent with WAC 246-320-225 Improving organizational performance.

WAC 246-320-285 Pharmacy services. The purpose of the pharmacy services section is to assure that patient pharmaceutical needs are met in a planned and organized manner.

Hospitals must meet the requirements in chapter 246-873 WAC board of pharmacy, and will:

- (1) Prepare, dispense, [store](#) and administer medications in accordance with current law, regulation, licensure, and professional standards of practice;
- (2) Assure medication use processes are organized and systematic throughout the hospital under direction of a pharmacist and coordinated with the medical staff;
- (3) Have a process for selection of medications based on objective evaluation of their relative therapeutic merits, safety, and cost; and
- (4) Adopt and implement policies and procedures that support safe storing, handling, managing, controlling, prescribing, dispensing, and administering medications in accordance with chapter 246-873 WAC board of pharmacy and address:
 - (a) Prescribing and procuring medications not available on-site;
 - (b) Ensuring prescriptions or orders are verified and patients are identified before medication is administered; and
 - (c) Ensuring medication effects on patients are monitored and documented.

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WAC 246-320-305 Food and nutrition services. The purpose of the food and nutrition services section is to assure that patients nutritional needs are met in a planned and organized manner.

Hospitals will:

(1) Designate an individual who is qualified by experience, education, or training to be responsible for management of food and nutrition services;

(2) Designate a registered dietitian to be responsible for policies and procedures which address providing adequate nutritional care for patients;

(3) Have a registered dietitian who is available to assess nutritional status and plan, when indicated by a patient's individual nutritional risk screen;

(4) Develop and regularly update an interdisciplinary plan for medical nutritional therapy based on current standards for patients at nutritional risk. Monitor and document each patient's response to the medical nutritional therapy plan in the medical record;

(5) Provide meals and document, implement, and monitor a system to assure meals are nutritionally balanced, planned in advance, and respect patient's cultural diversity; and

(6) Adopt and implement policies and procedures to assure that food service complies with chapter 246-215 WAC Food service.

WAC 246-320-325 Laboratory, imaging, and other diagnostic, treatment or therapeutic services. Hospitals will:

(1) If providing laboratory services, adopt and implement policies and procedures which require availability of pathology and clinical laboratory services on a timely basis and reflect accepted standards of care for those services [to include qualified staff to manage the service in accordance with chapter 70.42 RCW and chapter 246-338 WAC, Medical Test Sites and 42 CFR 493, Clinical Laboratory Improvement Amendment](#);

(2) If providing imaging services, adopt and implement policies and procedures which reflect accepted standards of care for that service; and

(3) If providing other diagnostic, treatment or therapeutic services, adopt and implement policies and procedures which reflect accepted standards of care for those services.

WAC 246-320-345 Inpatient care services. The purpose of the inpatient care services section is to guide the development of the plan for patient care. This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care.

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Hospitals will:

(1) Provide sufficient and appropriate personnel, space, equipment, reference materials, and supplies for the care and treatment of patients;

(2) Have a registered nurse in the hospital at all times and available for consultation;

(3) Have a mechanism to plan and document care that is provided in an interdisciplinary and collaborative manner, including:

~~Appropriate~~ (a) Development of an individualized patient plan of care, ~~when~~ **based on an initial assessment of patient condition;**
~~and~~

(b) Periodic review and revision based on reassessment of patient condition; **and**

Periodic patient assessment for risk of falls, skin condition, risk for pressure ulcers, pain and medication use, therapeutic effects and side or adverse effects

(4) Adopt and implement patient care policies and procedures that are designed to guide personnel, and review periodically, and revise as necessary to reflect current practice;

(5) Have patient care policies and procedures which address:

(a) Criteria for admission of patients to general and specialized patient care service areas;

(b) Reliable method for personal identification of each patient;

(c) Conditions that require transfer of patients within the facility to specialized patient care areas and to outside facilities;

(d) Identifying potential patients who are organ and/or tissue donors;

(e) Patient safety measures;

(f) Staff access to patient areas;

(g) Use of **physical & chemical** restraints;

Use of seclusion

(h) Patient care orders, including:

(i) Who can give and receive orders as defined by the hospital and consistent with professional licensing laws;

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(ii) Written or electronic orders authenticated by a legally authorized practitioner for all drugs, intravenous solutions, blood, medical treatments, and nutrition; and

(iii) Authentication of orders in a timely manner;

(i) Use of preestablished patient care guidelines or protocols. When used, they must be documented in the medical record and preapproved or authenticated by an authorized practitioner;

(j) Care and handling of persons whose conditions require special medical or medical-legal consideration;

(k) Medications meeting requirements in chapter 246-873 WAC board of pharmacy and WAC 246-320-285 Pharmacy services;

(l) A hospital-approved procedure for double checking certain drugs, biologicals, and agents by appropriately licensed personnel;

(m) Emergency drugs, including:

(i) Immediate access; and

(ii) Dosages appropriate to the patient population;

(n) Preparation and administration of intravenous solutions, medications, and admixtures developed under the direction of a pharmacist;

(o) Preparation and administration of blood and blood products;

(p) Anesthesia services; and

(q) Discharge planning;

Informed consent; and

Living will

(6) Complete and document:

(a) An initial assessment of each patient's physical condition, emotional, and social needs. The assessment is based upon the patient's diagnosis, care setting, desire for care, response to any previous treatment, consent to treatment, and education needs. Initial assessment includes:

(i) Patient history and physical assessment including but not limited to falls, mental status and skin condition;

(ii) Current needs;

(iii) Need for discharge planning; and

(iv) Immunization status for pediatric patients;

(b) Current physical examination, within thirty days prior to

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admission, with update as needed by an authorized practitioner on a timely basis if patient status has changed;

(c) Additional [on-going](#) specialized assessments when warranted by the patient's condition or needs, including:

(i) Nutritional status;

(ii) Functional status; and

(iii) Social, psychological, and/or physiological status;

(d) Reassessments in accordance with plan of care and patient's condition; and

(e) Discharge plans when appropriate, coordinated with:

(i) Inpatient and family or caregiver as appropriate; and

(ii) Receiving agency or agencies, when necessary.

WAC 246-320-365 Specialized patient care services. The purpose of the specialized patient care services section is to guide the development of the plan for patient care. This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care in specialized patient care areas.

Hospitals will:

(1) Meet the requirements in Inpatient care services, WAC 246-320-345;

(2) Adopt and implement policies and procedures which address accepted standards of care for each specialty service;

(3) Assure physician oversight for each specialty service by a physician with experience in those specialized services;

(4) Assure staff for each nursing service area are supervised by a registered nurse who provides a leadership role to plan, provide, and coordinate care;

(5) If providing surgery and interventional services:

(a) Adopt and implement policies and procedures that address appropriate access:

(i) To areas where invasive procedures are performed;

[To anesthesiology services and qualified anesthesiology practitioner;](#) and

(ii) To information regarding practitioner's delineated privileges for operating room staff;

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(b) Provide:

(i) Emergency equipment, supplies, and services available in a timely manner and appropriate for the scope of service; and

(ii) Separate refrigerated storage equipment with temperature alarms, when blood is stored in the surgical department;

Assure a registered nurse qualified by training and experience in operating room nursing is present to circulate during all surgical procedures.

(6) If providing a post anesthesia recovery unit (PACU), adopt and implement written policies and procedures requiring:

(a) The availability of an authorized practitioner in the facility capable of managing complications and providing cardiopulmonary resuscitation for patients when patients are in the PACU; and

(b) The immediate availability to the PACU of a registered nurse trained and current in advanced cardiac life support measures;

(7) If providing obstetrical services:

(a) Have capability to perform cesarean sections twenty-four hours per day; or

(b) Meet the following criteria when the hospital does not have twenty-four hour cesarean capability:

(i) Limit planned obstetrical admissions to "low risk" obstetrical patients as defined in WAC 246-329-010(13) childbirth centers;

(ii) Inform each obstetrical patient in writing, prior to the planned admission, of the hospital's limited obstetrical services as well as the transportation and transfer agreements;

(iii) Maintain current written agreements for adequately staffed ambulance and/or air transport services to be available twenty-four hours per day; and

(iv) Maintain current written agreements with another hospital to admit the transferred obstetrical patients;

(c) Ensure one licensed nurse trained in neonatal resuscitation is in the hospital when infants are present;

(8) If providing an intermediate care or level 2 nursery, have nursing, laboratory, pharmacy, radiology, and respiratory care services appropriate for infants:

(a) Available in a timely manner; and

(b) In the hospital during assisted ventilation;

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(c) Ensure one licensed nurse trained in neonatal resuscitation is in the hospital when infants are present;

(9) If providing a neonatal intensive care or **level 3** nursery, have:

(a) Nursing, laboratory, pharmacy, radiology, and respiratory care services appropriate for neonates available in the hospital at all times;

(b) An anesthesia practitioner, neonatologist, and a pharmacist on call and available in a timely manner twenty-four hours a day; and

(c) One licensed nurse trained in neonatal resuscitation in the hospital when infants are present;

(10) If providing a critical care unit or services, have:

(a) At least two licensed nursing personnel skilled and trained in care of critical care patients on duty in the hospital at all times when patients are present, and:

(i) Immediately available to provide care to patients admitted to the critical care area; and

(ii) Trained and current in cardiopulmonary resuscitation including at least one registered nurse with:

(A) Training in the safe and effective use of the specialized equipment and procedures employed in the particular area; and

(B) Successful completion of an advanced cardiac life support training program; and

(b) Laboratory, radiology, and respiratory care services available in a timely manner;

(11) If providing an alcoholism and/or chemical dependency unit or services:

(a) Adopt and implement policies and procedures that address development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate;

(b) Ensure provision of patient privacy for interviewing, group and individual counseling, physical examinations, and social activities of patients; and

(c) Provide staff **and services** in accordance with WAC 246-324-170~~(3)~~;

(12) If providing a psychiatric unit or services:

(a) Adopt and implement policies and procedures that address

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development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate;

(b) Ensure provision of patient privacy for interviewing, group and individual counseling, physical examinations, and social activities of patients;

(c) Provide staff **and services** in accordance with WAC 246-322-170~~(3)~~; and

(d) Provide:

(i) Separate patient sleeping rooms for children and adults;

(ii) Access to at least one seclusion room;

(iii) For close observation of patients;

(13) If providing a long-term care unit or services, provide:

Policies and procedures specific to the care and needs of the patients receiving the services;

Staff trained in the care of long term patients; and

An activities program designed to encourage each long-term care patient to maintain or attain normal activity and achieve an optimal level of independence;

(14) If providing an emergency care unit or services, provide basic, outpatient emergency care including:

(a) Capability to perform emergency triage and medical screening exam twenty-four hours per day;

(b) At least one registered nurse skilled and trained in care of emergency department patients on duty in the hospital at all times, and:

(i) Immediately available to provide care; and

(ii) Trained and current in advanced cardiac life support;

(c) Names and telephone numbers of medical and other staff on call must be posted; and

(d) Communication with agencies as indicated by patient condition;

(15) If providing renal dialysis service:

(a) Meet WAC 246-320-99902(2) for:

(i) The cleaning and sterilization procedures if dialyzers are reused;

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(ii) Water treatment, if necessary to ensure water quality; and

(iii) Water testing for bacterial contamination and chemical purity;

(b) Test dialysis machine for bacterial contamination monthly or demonstrate a quality assurance program establishing effectiveness of disinfection methods and intervals;

(c) Take appropriate measures to prevent contamination, including backflow prevention in accordance with WAC 246-320-525 (4)(a);

(d) Provide for the availability of any special dialyzing solutions required by a patient; and

(e) Through a contract provider, that provider must meet the requirements in this section.

WAC 246-320-370 Emergency contraception. The purpose of this section is to ensure that all hospitals with emergency rooms provide emergency contraception as a treatment option to any woman who seeks treatment as a result of a sexual assault. Every hospital that provides emergency care must:

Develop and implement policies and procedures regarding the provision of twenty-four-hour/seven-day per week emergency care to victims of sexual assault;

Provide the victim of sexual assault with medically and factually accurate and unbiased written and oral information about emergency contraception;

Orally inform each victim in a language she understands of her option to be provided emergency contraception at the hospital; and

Immediately provide emergency contraception, as defined in WAC 246-320-010, to each victim of sexual assault if the victim requests it, and if the emergency contraception is not medically contraindicated.

WAC 246-320-385 Outpatient care services. The purpose of the outpatient care services section is to guide the development of the plan for patient care [for hospitals that care for in patients in out patient sites or clinics](#). This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care.

[If providing care to in patients in an out patient setting or clinic](#), hospitals will:

(1) Meet requirements in WAC 246-320-345 (1), (3), and (4) inpatient care services;

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Assure the integration and use of all hospital policies and procedures

(2) Assure appropriate physician oversight for outpatient services;

(3) Provide patient services in accordance with a written order or protocol by an authorized practitioner; and

(4) Explain a patient's plan of care, when needed, to the patient, their family, and as appropriate, social network and support system.

WAC 246-320-405 Management of environment for care. The purpose of the management of environment for care section is to reduce and control environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions for patients, visitors, and staff.

(1) The hospital will designate a person or persons responsible to develop, implement, monitor, and follow-up on safety, security, hazardous materials, emergency preparedness, life safety, patient related technology, utility system, and physical plant elements of the management plan.

(2) Safety. The hospital will:

(a) Establish and implement a plan to:

(i) Maintain a physical environment free of hazards from electrical, biological and radiological agents, falls, equipment and spills; and

(ii) Reduce the risk of injury to patients, staff, and visitors;

(b) Report and investigate safety related incidents and when appropriate correct and/or take steps to avoid reoccurrence in the future; and

(c) Educate and review periodically with staff, policies and procedures relating to safety and job-related hazards.

(3) Security. The hospital will:

(a) Establish and implement a plan to maintain a secure environment for patients, visitors, and staff, including a plan to prevent abduction of patients;

(b) Educate staff on security procedures; and

(c) If they have a designated security staff, assure security staff have a minimum level of training and competency commensurate with their assigned responsibility, as defined by the hospital.

(4) Hazardous materials and waste. The hospital will:

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(a) Establish and maintain a program to safely control hazardous materials and waste in accordance with applicable federal, state, and local regulations;

(b) Provide space and equipment for safe handling and storage of hazardous materials and waste;

(c) Investigate all hazardous materials or waste spills, exposures, and other incidents, and report to appropriate agency(s);

(d) Educate staff on policies and procedures relating to safe control of hazardous materials and waste.

(5) Emergency preparedness. The hospital will:

(a) Establish and implement a disaster plan designed to meet both internal and external disasters. The plan is:

(i) Specific to the hospital;

(ii) Relevant to the area;

(iii) Internally implementable, twenty-four hours a day, seven days a week; and

(iv) Reviewed and revised periodically; and

[Regularly tested through practice drills](#)

(b) Ensure the disaster plan identifies:

(i) Who is responsible for each aspect of the plan; and

(ii) Essential and key personnel who would respond to a disaster;

(c) Include in the plan:

(i) Provision for staff education and training; and

(ii) A debriefing and evaluation after each disaster incident or drill.

(6) Life safety. The hospital will:

(a) Establish and implement a plan to maintain a fire-safe environment of care that meets fire protection requirements established by the Washington state patrol, ~~fire protection bureau~~ [office of the state fire marshal and local jurisdiction](#);

(b) Investigate fire protection deficiencies, failures, and user errors; and

(c) Orient, educate, and drill staff on policies and procedures relating to life safety management and emergencies.

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(7) Patient related technologies. The hospital will:

(a) Establish and implement a plan to:

(i) Complete a technical and an engineering review to ensure that patient related technology will function safely and with appropriate building support systems;

(ii) Inventory all patient related technologies that require preventive maintenance;

(iii) Address and document preventive maintenance (PM); and

(iv) Assure quality delivery of service, independent of service vendor or methodology;

(b) As part of the hospital quality improvement process, investigate, report, and evaluate procedures in response to system failures; and

(c) Educate staff regarding relevant patient related medical technology.

(8) Utility systems. The hospital will:

(a) Establish and implement a plan to:

(i) Maintain a safe, controlled, comfortable environment;

(ii) Assess and minimize risks of utility system failures, and ensure operational reliability of utility systems;

(iii) Investigate utility systems management problems, failures, or user errors and report incidents and corrective actions; and

(iv) Address and document preventive maintenance (PM);

(b) Educate staff on utility management policies and procedures.

(9) Physical plant. The hospital will provide:

(a) Storage;

(b) Plumbing with:

(i) A water supply providing hot and cold water under pressure which conforms to the quality standards of the department;

(ii) Hot water supplied for bathing and handwashing purposes not exceeding 120°F;

(iii) The cross connection controls meeting requirements in WAC 246-320-525 (4)(a); and

(iv) Medical gas piping meeting requirements in WAC

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246-320-99902 (6) and (10);

(c) Ventilation:

(i) To prevent objectionable odors and/or excessive condensation; and

(ii) With air pressure relationships meeting the requirements in WAC 246-320-525 (Table 525-3);

(d) Interior finishes suitable to the function in accordance with WAC 246-320-525(6);

(e) Electrical with:

(i) Patient call systems in accordance with WAC 246-320-525 (Table 525-1); and

(ii) Tamper resistant receptacles in waiting areas and where noted in Table 525-5 and WAC 246-320-99902(3).

WAC 246-320-500 Applicability of WAC 246-320-500 through 246-320-99902 . The purpose of the new construction regulations is to provide minimum standards for a safe and effective patient care environment consistent with other applicable rules and regulations without redundancy and contradictory requirements. Rules allow flexibility in achieving desired outcomes and enable hospitals to respond to changes in technologies and health care innovations.

(1) These regulations apply to a hospital as defined in RCW 70.41.020:

(a) Including:

(i) New buildings to be licensed as a hospital;

(ii) Conversion of an existing building or portion thereof for use as a hospital;

(iii) Additions to an existing hospital;

(iv) Alterations to an existing hospital; and

(v) Buildings or portions of buildings licensed as a hospital and used for outpatient care facilities;

(b) Excluding nonpatient care areas used exclusively for administration functions.

(2) The requirements of chapter 246-320 WAC in effect at the time the application, fee, and construction documents are submitted to the department for review will apply for the duration of the construction project.

WAC 246-320-505 Design, construction review, and approval of

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plans. (1) Drawings and specifications for new construction, excluding minor alterations, must be prepared by, or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW must be used for the various branches of the work where appropriate. The services of a registered professional engineer may be used in lieu of the services of an architect if work involves engineering only.

(2) A hospital must submit construction documents for proposed new construction to the department for review and approval prior to occupying the new construction, as specified in this subsection, with the exception of administration areas that do not affect fire and life safety, mechanical and electrical for patient care areas. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes. The construction documents must include:

(a) A written program containing, at a minimum:

(i) Information concerning services to be provided and operational methods to be used; and

(ii) A plan to show how they will ensure the health and safety of occupants during construction and installation of finishes. This includes taking appropriate infection control measures, keeping the surrounding area free of dust and fumes, and assuring rooms or areas are well-ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors;

(b) Drawings and specifications to include coordinated architectural, mechanical, and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided; and

(c) Floor plan of the existing building showing the alterations and additions, and indicating:

(i) Location of any service or support areas; and

(ii) Required paths of exit serving the alterations or additions.

(3) A hospital will:

(a) Respond in writing when the department requests additional or corrected construction documents;

(b) Notify the department in writing when construction has commenced;

(c) Submit to the department for review any addenda or modifications to the construction documents;

(d) Assure construction is completed in compliance with the final "department approved" documents; and

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(e) Notify the department in writing when construction is completed and include a copy of the local jurisdiction's approval for occupancy.

(4) A hospital will not use any new or remodeled areas until:

(a) The construction documents are approved by the department;
and

(b) The local jurisdictions have issued an approval to occupy.

WAC 246-320-515 Site and site development. Hospitals will:

(1) Provide a site with:

(a) Adequate utilities meeting requirements in WAC 246-320-525 (6)(a),(i), and (k);

(b) Potable water supply meeting requirements in WAC 246-320-99902(14) and chapter 246-290 WAC Class "A" public water systems or chapter 246-291 WAC Class "B" public water systems;

(c) Natural drainage or properly designed/engineered drainage system;

(d) Public or on-site sanitary sewage utilities meeting requirements in chapter 246-271 WAC Public sewage or chapter 246-272 WAC On-site sewage systems;

(e) Access to community emergency services; and

(f) Convenient access to public transportation where available;

(2) Provide parking area, drives, and walkways:

(a) Convenient for patients, staff, and visitors, while avoiding interference with patient privacy and comfort;

(b) Arranged to prevent conflicting traffic between service, patient, staff, and emergency access vehicles;

(c) With surfaces useable in all weather and traffic conditions; and

(d) Illuminated at night;

(3) Provide service roads and parking for service and emergency vehicles;

(4) Plan sufficient space and location for:

(a) Loading dock that is not adjacent to mechanical air intakes;

(b) Garbage storage and disposal;

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- (c) Service entrance close to storage and elevators;
- (d) Access for emergency vehicles;
- (e) Heliport service, if planned; and
- (f) Oxygen tank or other bulk gas or liquid storage if planned.

WAC 246-320-525 General design. Hospitals will:

(1) Meet all the general design elements in this section for patient care and support areas as described in WAC 246-320-535 through 246-320-99902;

(2) Assure architectural components meet WAC 246-320-99902(9), including:

(a) Aisles between fixed elements having sufficient clear width to allow unimpeded movement of equipment and personnel within rooms or suites;

(b) Ceiling heights in occupied areas or areas intended for patient use must be sufficiently high to meet the functional needs and equipment requirements of the space. Suspended tracks, rails, lights, or other obstructions located in path of travel can not be less than seven feet above finished floor to lowest point of obstruction;

(c) A corridor system throughout the hospital designed for traffic circulation providing patient privacy and preventing through traffic in examination, observation, treatment, and diagnostic areas, with:

(i) Width of eight feet and restrictions of no more than seven inches for nonambulatory patient areas;

(ii) Minimum existing width of seven feet permitted in alteration projects; and

(iii) Five feet width for corridors serving ambulatory patient traffic;

(d) Handrails on both sides of corridors on long-term care units and inpatient orthopedic and rehabilitation units;

(e) Doors:

(i) With minimum clear opening of three feet ten inches for patient care areas and two feet ten inches elsewhere. Existing clear opening of three feet eight inches for patient care areas and two feet six inches elsewhere are permitted during an alteration;

(ii) Designed to prevent swinging into corridor widths, except for small unoccupied spaces less than twenty square feet in area, telephone, electrical closets or barrier-free accessible toilets;

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(iii) With provision for staff to gain immediate emergency access to patient occupied rooms or areas;

(iv) Swing outward from toilet rooms, showers, and other small rooms; and

(v) With vision panels in all pairs of opposite swinging doors;

(f) At least one elevator in a multistory hospital designed for patient transport;

(g) Stairways with skid-resistant floor surfaces and ramps with skid-resistant or carpeted floor surfaces;

(h) Design and construction to control the entrance and infestation by pests;

(i) Allowance for satisfactory amount of unobstructed light in twenty-four hour stay patient rooms (except in nurseries) with a clear glass area of at least one-tenth of the floor space meeting the following criteria:

(i) Windows located in an outside wall complying with one of the following:

(A) Twenty feet or more from another building or opposite wall or court; or

(B) Ten feet or more from the property line except when facing on street or public right of way greater than twenty feet in width; or

(ii) Relites into an interior atrium or court where the wall opposite is twenty or more feet from the relite;

(iii) Sills located:

(A) No higher than three feet above the finished floor; and

(B) No higher than four feet above the finished floor in critical care patient rooms;

(iv) Exterior grade a minimum of six inches below the window sill; and

(v) If any operable portions or vents are provided, use sixteen mesh screens to cover the opening;

(3) Provide heating, ventilation, and cooling including:

(a) A heating and cooling system with capacity to maintain a temperature range in accordance with Table 525-3;

(b) Insulated piping and duct systems;

(c) Air balancing of distribution systems to maintain air

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changes, ventilation requirements, and pressure relationships meeting requirements in Table 525-3;

(d) An air handling duct system meeting requirements in WAC 246-320-99902(5) with:

(i) Fiberglass-lined ducts, if installed, serving sensitive areas with ninety percent efficiency filters installed downstream of the duct lining;

(ii) Fiberglass-lined ducts, if installed, meeting the erosion test method described in UL Publication #181; and

(iii) Fiberglass-lined ducts, if installed, will not be located downstream of humidification units;

(e) Use of space above ceilings for return plenums only in nonsensitive areas where exhaust and return plenums are allowed with:

(i) Exposed insulation on pipes and ducts meeting requirements of American Society for Testing and Materials C107; and

(ii) Cementitious fire proofing used on structure;

(f) Air supply and exhaust locations meeting requirements in WAC 246-320-99902(13), including:

(i) Outdoor air intakes:

(A) Located as far as practical, on directionally different exposures whenever possible, and not less than thirty feet from:

(I) Combustion equipment exhaust stacks or outlets;

(II) Ventilation exhaust outlets from the hospital or adjoining buildings, including fume hoods and ethylene oxide systems, except plumbing vent stacks which may be ten feet away horizontally;

(III) Medical-surgical vacuum and exhaust systems outlets;

(IV) Areas that may collect vehicular exhaust and other noxious fumes; and

(V) Cooling towers;

(B) Which may be close to outlets that exhaust air suitable for recirculation, however, exhaust air must not short-circuit into the intakes of outdoor air units or fan systems used for smoke control; and

(C) Serving central systems must have the bottom of the intakes located:

(I) As high as practical, but not less than six feet above ground level; or

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(II) If installed above the roof, not less than three feet above the roof level;

(ii) Required exhausts:

(A) Located a minimum of ten feet above ground level; and

(B) Located away from doors, occupied areas, and operable windows;

(g) Filters installed in central ventilation or air conditioning systems as follows:

(i) Filter beds and filter efficiencies meeting requirements in Table 525-4;

(ii) Filter bed number two located downstream of the last component of any central air handling unit except:

(A) Steam injection-type humidifier permitted fifteen feet or more downstream of filter bed number two;

(B) Terminal reheat coils permitted downstream of filter bed number two; and

(C) Terminal cooling coils permitted downstream of filter bed number two with additional filtration downstream of coil meeting requirements of filter bed number two;

(iii) Filter frames airtight to the enclosing duct work and provided with gaskets or seals to provide positive seal against air leakage; and

(iv) A manometer or equivalent installed across each filter bed serving sensitive areas of central air systems;

(h) Exhaust hoods or other approved exhaust devices provided over equipment likely to produce excessive heat, moisture, odors, or contaminants, and properly designed for intended use;

(i) Exhaust hoods provided in food preparation in compliance with WAC 246-320-99902(10);

(j) Laboratory hoods or biological safety cabinets constructed for handling infectious materials with:

(i) A minimum face velocity of seventy-five feet per minute at maximum operating level of sash;

(ii) An independent exhaust system with the exhaust fan located at the discharge end of the system;

(iii) Ducts with welded joints or equivalent from the hood to filter enclosure;

(iv) Filters in the exhaust stream rated at 99.97% efficiency by the dioctyl-phthalate (DOP) test method;

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(v) Features designed and equipped to permit the safe removal of contaminated filters; and

(vi) Ventilation alarm system;

(k) Laboratory hoods or biological safety cabinets constructed for venting radioactive particulate aerosols in accordance with the Bureau of Radiological Health with:

(i) A minimum face velocity of one hundred feet per minute at maximum operating level of sash;

(ii) An independent exhaust system with exhaust fan at discharge end of system;

(iii) Ducts with welded joints or equivalent from the hood to the filter enclosure;

(iv) Exhaust stream filters with 99.97% efficiency using the DOP test method;

(v) Features designed and equipped to permit the safe removal of contaminated filters; and

(vi) Provisions for washdown;

(l) Laboratory hoods or biological safety cabinets constructed for processing strong oxidizing agents with:

(i) A minimum face velocity of one hundred feet per minute at maximum operating level of sash;

(ii) An independent exhaust system and explosion-proof exhaust fan at discharge end of the system;

(iii) Ducts of welded stainless steel or equivalent throughout the exhaust system; and

(iv) Hood and exhaust duct system equipped with complete coverage washdown facilities;

(m) Exhaust systems for ETO sterilizers with ventilation and monitoring in accordance with manufacturer's recommendations and chapter 296-62 WAC;

(4) Design and install plumbing components meeting requirements in WAC 246-320-99902(14), including:

(a) Backflow prevention:

(i) Devices on plumbing fixtures, equipment, facilities, buildings, premises, or areas which may cause actual or potential cross-connections of systems in order to prevent the backflow of water or other liquids, gases, mixtures, or substances into a water distribution system or other fixtures, equipment, facilities, buildings, or areas; and

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(ii) Meeting requirements of WAC 246-320-99902(1) for practices, procedures, interpretations, and enforcement;

(b) Trap primers in floor drains and stand pipes subject to infrequent use;

(c) Wrist, knee, or foot faucet controls or equivalent and gooseneck spouts without aerators on:

(i) Handwash sinks in patient care areas. Handwash sinks for personnel use where intended to control cross infection must be designed to permit handwashing without touching fixtures or bowl and to minimize splash and splatter; and

(ii) Sinks in patient toilet rooms;

(d) Handsfree faucet controls and gooseneck spouts without aerators on scrub sinks;

(e) Drinking fountains or equivalent at locations accessible to the public with at least one on each floor;

(f) Insulation on:

(i) Hot water piping systems;

(ii) Cold water and drainage piping; and

(iii) Piping exposed to outside temperatures;

(g) Hot water supply meeting requirements in WAC 246-320-99902(14);

(h) Equipment to deliver hot water at point of use as follows:

(i) Handwash and bathing fixtures at 120°F or less;

(ii) Laundry:

(A) 160°F or more for laundry washers; or

(B) 120°F or more for laundry washers using chemical sanitization;

(iii) Mechanical dishwashers:

(A) 120°F or more for mechanical dishwashers using chemical sanitization;

(B) 140°F or more for mechanical dishwashers using high temperature sanitization; and

(C) 180°F or more for sanitization cycle in high temperature mechanical dishwashers;

(i) Sewage disposal systems meeting requirements in chapters

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246-271 WAC Public sewage and 246-272 WAC On-site sewage systems;

(j) Vacuum and medical gas, and waste gas evacuation systems meeting requirements in WAC 246-320-99902 (6), (8), (11) and Table 525-2;

(k) If the facility is a purveyor of water supply or sewage treatment facilities, they must meet the following additional requirements:

(i) Chapter 246-290 WAC Class "A" public water systems;

(ii) Chapter 246-291 WAC Class "B" public water systems;

(iii) Chapter 246-271 WAC Public sewage; and

(iv) Chapter 246-272 WAC On-site sewage systems;

(5) Provide electrical service meeting the requirements in WAC 246-320-99902(3) including:

(a) General service as follows:

(i) Electrical receptacle outlets meeting requirements in Table 525-5. Provide outlets with ground fault circuit interrupter when installed within five feet of wet areas, bathing facilities, dialysis stations, and at a sink plane or above except when electrical outlets are located in cabinets;

(ii) All patient care areas limited to twelve single electrical receptacle outlets or six duplex electrical receptacle outlets, or equivalent, per twenty amp circuit; and

(iii) Additional electrical receptacle outlets conveniently located to accommodate nonpatient related equipment;

(b) Service to critical care units and areas as follows:

(i) Dedicated circuits to serve designated electrical receptacle outlets located at the head of each bed;

(ii) Capacity limited to six single electrical receptacle outlets or three duplex electrical receptacle outlets or equivalent per twenty amp circuit; and

(iii) Branch circuit panels serving receptacle outlets must be located within the area they serve;

(c) Emergency electrical service with:

(i) Critical emergency power electrical receptacle outlets meeting requirements in Table 525-5; and

(ii) Additional emergency power and lighting meeting requirements in WAC 246-320-99902 (3) and (6);

(d) Lighting fixtures with:

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(i) Number, type, and location to provide adequate illumination for the functions of each area;

(ii) A reading light and control, conveniently located for patient use at each bed in the patient rooms;

(iii) Protective lens or diffusers on overhead light fixtures in:

(A) All patient care areas; and

(B) Areas where patient care equipment and supplies are processed;

(iv) A night light or equivalent low level illumination;

(v) Night light switches and general illumination switches located adjacent to the opening side of patient room doors, except in psychiatric patient security and seclusion rooms locate switches outside of the rooms; and

(vi) Lighting fixtures in psychiatric security and seclusion rooms of tamper-resistant design;

(e) Electrical/electronic equipment including:

(i) Communications systems meeting requirements in Table 525-1;

(ii) Nurse call annunciator at department or unit control point and additional control points; and

(iii) Film illuminators, or equivalent, accommodating at least two X-ray films in all areas where films are viewed, except in private offices;

(6) Provide interior finishes suitable to the function of an area including:

(a) Floor finishes with:

(i) Easily cleanable and/or maintainable surfaces;

(ii) Skid-resistant surfaces at entrances and other areas used while wet;

(iii) A coved base integral with floors or top set base with toe tight to the walls; and

(iv) Seamless floors with integral cove base in sensitive areas;

(b) Carpets in areas used by patients, if installed:

(i) Made from easily cleanable and/or maintainable material;

(ii) Constructed to prevent or reduce static build-up;

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(iii) With an average pile density of four thousand ounces per cubic yard. Exception: Loop pile carpet with density of five thousand ounce per cubic yard or greater is required in long-term care units;

(iv) With a maximum pile height of .312 inches;

(v) With padding, if used, that is water resistant and permanently bonded to the carpet backing;

(vi) Adhered to the floor;

(vii) With edges covered and top set base with toe at all wall junctures; and

(viii) Are not permitted in any sensitive areas, toilets, bathrooms, and areas where flooding or infection control is an issue;

(c) Ceiling finishes or construction with:

(i) Monolithic or bonded construction in patient rooms of psychiatric nursing units, security and seclusion rooms;

(ii) Easily cleanable or maintainable surfaces;

(iii) Smooth surface without visible joints or crevices in areas where surgical asepsis must be maintained;

(d) Wall finishes with:

(i) Protection from impact in high traffic areas;

(ii) Easily cleanable surfaces;

(iii) Smooth surface without open joints or crevices in areas where surgical asepsis must be maintained; and

(iv) Water-resistant paint, glaze, or similar water-resistant finish extending above the splash line in all rooms or areas subject to splash or spray;

(7) Provide bathrooms and toilet rooms with:

(a) Handwash sinks in each toilet, except where provided in adjoining single patient room, or connecting dressing or locker rooms;

(b) Skid-resistant floor surfaces in tubs and showers;

(c) Backing to support mounting all accessories;

(d) Accessories at bathing facilities, toilets, dressing rooms, and examination rooms, except in psychiatric units as follows:

(i) Toilet paper holder at water closets;

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- (ii) Towel bar, hook, or ring at bathing facilities; and
- (iii) Robe hook;
- (e) A mirror and shelving or equivalent at each handwash sink in:
 - (i) Toilet room;
 - (ii) Patient room;
 - (iii) Birthing room;
 - (iv) Dressing room; and
 - (v) Locker room, except where located in adjoining toilet room;
- (f) Dispensers at all sinks, for single-use towels or equivalent, mounted to avoid contamination from splash and splatter;
- (g) Soap dispenser or equivalent at each sink and bathing facility; and
- (h) Grab bars that are easily cleanable, resistant to corrosion, functionally designed, and securely mounted:
 - (i) In areas designed for barrier free access meeting the requirements in WAC 51-40-1106; and
 - (ii) In areas not designed for barrier free access:
 - (A) On two sides of each standard bathtub and shower; and
 - (B) With at least one horizontal grab bar extending eighteen inches or more in front of the water closet;
- (8) Provide signage for identification:
 - (a) Meeting requirements in WAC 51-40-1106; and
 - (b) Of electric panel boards in accordance with WAC 246-320-99902(3).

Table 525-1 COMMUNICATION SYSTEM

Area/Room NameWACSystem Type

Surgical Facilities

Surgery Suite246-320-635

All Operating Rooms MES

PACU246-320-645

Recovery Stage 1 MES, PNC

Recovery Stage 2 MES, PNC

Recovery Infants and Pediatrics MES, PNC

Recovery (Electro Convulsive Therapy) MES

Patient Holding Area MES, PNC

Patient Induction MES, PNC

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Outpatient Preoperative MES, PNC
Obstetrical Services
 OB Cesarean/Surgical246-320-655MES
 Birthing (Labor Delivery Recovery)246-320-665MES, PNC
 Infant Station MES
 Adult Station MES, PNC
Interventional Services246-320-675
 Cardiology/Angiography
 Cath Labs & Angio Rooms MES
 Endoscopy Recovery MES
 Bronchoscopy MES
 Lithotripsy MES
Inpatient Services
 Nursing246-320-685
 Medical & Surgical Beds MES, PNC
 Protective Precaution Room (Transplant) MES, PNC
 Airborne Precaution Room MES, PNC
Specialized Patient Care Services
 Pediatrics246-320-695MES, PNC
 Nursery
 Intermediate Care Nursery246-320-715MES
 NICU246-320-715MES
 Newborn246-320-705MES
 Critical Care246-320-725
 Coronary Care MES, PNC
 Intensive Care MES, PNC
 Alcoholism & Substance Abuse246-320-735MES, PNC
 Psychiatric246-320-745
 Psychiatric Activities MES
 Psychiatric Patient MES
 Psychiatric Seclusion MES
 Rehabilitation (Nursing)246-320-755MES, PNC
 Long-Term Care246-320-765MES, PNC
 Dialysis246-320-775PNC
General Requirements
 Nursing Support Area Annunciator
 Inpatient Treatment MES
 Inpatient Exam Rooms MES
 Patient Dressing PNC
 Patient Shower Bathroom & Toilet PNC
Imaging Services
 General Radiology246-320-785
 General X ray, Fluoroscopy MES
 Mammography MES
 Needle Biopsy MES
 CT Scan MES
 MRI MES
 Nuclear Medicine246-320-795MES
Diagnostic & Treatment
 Emergency246-320-805
 Trauma MES, PNC
 Treatment MES
 Exam MES, PNC
 Receiving/Triage MES
 Rehabilitation (Outpatient)246-320-755
 Physical Therapy & Hydrotherapy MES

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NOTES:

Patient Nurse Calls installed as follows:

- Located at head of bed.
- Signals from toilet and bathing facilities to have distinctive light and distinctive audible signals.
- A properly located signal device mounted no higher than six feet above the floor and activated by a nonconductive pull cord within easy grasp by a patient slumped forward on the floors of either the toilet, bathing facility, or dressing room.
- PNC required in any area not within direct observation of staff.

Medical Emergency Signals installed as follows:

- When MES is part of a nurse call system, it must register by light at corridor door or treatment area and register by light and audible signal at a location where staff are always available.
- Call signals initiated by staff within a department by remote or other means must register at a staff control point from which assistance is always available.
- In areas where PNC are not required, a medical emergency system is a method for staff to signal for immediate assistance. The system must signal where staff are always available and indicate location of emergency.
- Signal device located within easy reach by staff.

When both Patient Nurse Call and Medical Emergency Signal are required, installed as follows:

- Register by light and outside each patient station or register by light and audible signal at the nurse's station.

Abbreviations:

PNC = Patient Nurse Call MES = Medical Emergency Signal

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Tables of Information

Table 525-2 Medical Gases, Vacuum, and Waste Gas Evacuation

Number of Outlets Required

Area/Room Name

WAC

OxygenMedical

AirNitrous

Oxide*

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Vacuum
Surgical Facilities
 Surgery Suite246-320-635
 Cystoscopic 1 1 2
 Operating Room 2112(B)
 Operating Patient Holding 1 1
 PACU246-320-645
 Recovery Stage 1 1 2
 Recovery Stage 2 1(D) 1(D)
 Recovery (ECT) 1 1
 Recovery (Infants and Pediatrics) 1 1 1
Obstetrical Services
 OB Cesarean/Surgical246-320-6551(A)1(A)12(A)
 Birthing (Labor Delivery Recovery)246-320-6651(A)1(A)
1(A)
Interventional Services246-320-675
 Cardiology/Angiography
 Cath Labs & Angio Rooms 11(C)2
 Electrophysiology 11(C)2
 Endoscopy 1 1
 Bronchoscopy 1 1
 Lithotripsy 11(C)1
Inpatient Services
 Nursing, Medical & Surgical246-320-6851 1
 Protective Precaution Room (Transplant) 1 1
 Airborne Precaution Room246-320-6851 1
Specialized Patient Care Services
 Pediatrics246-320-69511 1
 Nursery
 Intermediate Care Nursery246-320-71522 1
 NICU246-320-71522 1
 Newborn246-320-70511 1
 Critical Care246-320-725
 Coronary Care 1 1 2
 Intensive Care 1 1 2
 Alcoholism & Substance Abuse246-320-7351(E) 1(E)
 Psychiatric (Medical)246-320-7451 1
 Rehabilitation (Nursing)246-320-7551 1
 Long-Term Care246-320-7651(D) 1(D)
 Dialysis246-320-775(D) (D)
General Requirements
 Treatment & Exam Rooms 1 1
Imaging Services
 General Radiology246-320-785
 General X ray, Fluoroscopy 1(D) 1(D)
 Mammography NANANANA
 Needle Biopsy 1(D) 1(D)
 Ultrasound 1(D) 1(D)
 CT Scan 1(D) 1(D)
 MRI 1 1
 Nuclear Medicine246-320-795(E) (E)
Diagnostic & Treatment
 Emergency246-320-805
 Trauma 21(C)2
 Treatment 2 1 2
 Exam 1 1
 Rehabilitation (Outpatient)246-320-755

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Physical Therapy & Hydrotherapy NANANANA

Clinical Support Services NANANANA

*Method for gas evacuation must be provided in areas where nitrous oxide is used.

NOTES

(A)Separate outlets for infants.

(B)If used for delivery, must include A.

(C)Required only when general anesthesia is used.

(D)Portable equipment may be used in a ratio of one for every five bed, stretcher, bassinet, or equivalent with a minimum of one unit.

(E)Portable equipment shall be provided on-site for emergent situations.

Table 525-3 GENERAL PRESSURE RELATIONSHIPS, VENTILATION
TEMPERATURE AND HUMIDITY OF CERTAIN HOSPITAL AREAS

Area/Room Name

WAC

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Pressure
Relation-
ship to
Adjacent
AreasMinimum
Air Changes
of Outdoor
Air Per
Hour
Supplied
To Room

Minimum
Total Air
Changes
Per Hour
Supplied
To Room

All Air
Exhausted
Directly
To
Outdoors

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Air

Recir-

culated

Within

Room Units

Evacuation

Capacity ($^{\circ}\text{F}$)

to Attain Temperature11

Cooling Heating

Individual

Room Temp

Control

Interpretive

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Guidelines
Surgical Facilities
Surgery Suite 246-320-635
Operating Rooms with 10 P315OptionalNo16876YesRefer to
ASHRAE
Recirculating Air Systems Guidelines for
Operating Rooms with 6 P1515YesNo6876YesRecom-mended
Humidity
(All Outdoor Air Systems) Limits for all areas
Sterile Supply Room P46OptionalNo-72Yes"
PACU 246-320-645
Recovery Stage 1 E26OptionalNo17575Yes"
Recovery Stage 2 E26OptionalNo17575Yes"
Recovery (ECT) E24OptionalNo17575Yes"
Recovery Infants & Pediatrics E26OptionalNo17575Yes"
Obstetrical Services
OB Cesarean/Surgical
with 10 246-320-655P315OptionalNo16876Yes"
Recirculating Air Systems
OB Cesarean/Surgical with 6 246-320-655P1515YesNo6876Yes"
All Outdoor Air Systems
Birthing (Labor Delivery
Recovery) 246-320-665P24OptionalNo17575Yes"
Interventional Services 246-320-675
Cardiology/Angiography
Cath Labs & Angio Rooms P26OptionalNo7580Yes"
Electrophysiology P26OptionalNo7580Yes"
Endoscopy N or E26YesNo7580Yes"
Bronchoscopy/Cough Inducing N212YesNo-72Yes"
Procedures
Lithotripsy P24OptionalOptional7575Yes"
Inpatient Services
Nursing 246-320-685
Medical & Surgical Beds 9 P24OptionalOptional7575Yes"
Protective Precaution Room P215OptionalOptional7575Yes"
(Transplant)
Airborne Precaution Room 3 N212YesNo7575Yes"
Ante Room (if provided) 3 N or P210YesNo---"
Specialized Patient Care Services
Pediatrics 9 246-320-695P24OptionalOptional7575Yes"
Nursery "
Intermediate Care
Nursery 246-320-715P512OptionalNo7580Yes"
NICU 246-320-715P512OptionalNo7580Yes"
Newborn 246-320-705P26OptionalNo17580Yes"
Critical Care 246-320-725
Coronary Care P26OptionalNo7580Yes"
Intensive Care P26OptionalNo7580Yes"
Alcoholism & Substance
Abuse 9 246-320-735P24OptionalOptional7575Yes"
Psychiatric
(Medical) 9 246-320-745P24OptionalOptional7575Yes"
Rehabilitation
(Nursing) 9 246-320-755P24OptionalOptional7575Yes"
Long-Term Care 9 246-320-765P24OptionalOptional7575Yes"
Dialysis 246-320-775
Patient Area P24OptionalOptional7575Yes"

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Reuse N410OptionalOptional7575Yes"
 Reverse Osmosis P26OptionalOptional7575Yes"
 Imaging Services
 General Radiology246-320-785
 General X ray, Fluoroscopy
 NA26OptionalOptional7580Yes"
 Mammography NA26OptionalOptional7580Yes"
 Needle Biopsy NA26OptionalOptional7580Yes"
 CT Scan NA26OptionalOptional7580Yes"
 MRI NA26OptionalOptional7580Yes"
 Dark Room N210YesNo--Yes"
 Nuclear Medicine246-320-795N26YesNo
 Diagnostic & Treatment
 Emergency246-320-805
 Trauma2 P512OptionalNo6875Yes"
 Treatment N or P26OptionalOptional7575Yes"
 Exam N or P26OptionalOptional-72Yes"
 Rehabilitation

 (Outpatient)246-320-755
 Physical Therapy

 & Hydrotherapy N26OptionalOptional-80Yes"
 General Requirements
 Treatment Room N or P26OptionalOptional7575Yes"
 Exam Room N or P26OptionalOptional7575- "
 Patient Corridor NA24OptionalOptional "
 Patient Toilet NOptional10YesNo-72No"
 Patient Bathing NOptional10YesNo-72No"
 Clean Utility P24OptionalOptional-72No"
 Soiled Utility N210YesNo-72No"
 Janitor's Closet NOptional10YesNo-72No"
 Medication P24OptionalOptional---"
 Clinical Support Services
 Receiving Storage and

 Distribution246-320-565NANANANANA "
 Central Sterilizing246-320-575
 Clean Workroom

 Sterile Storage P24OptionalOptional-72No"
 ETO Sterilizer7 N210YesNo "
 Laundry (Part of

 CSSR) N210YesNo "
 Soiled Receiving/Decontamination
 NOptional/210YesNo-72No"
 Environmental Services246-320-585N210YesNo-72No"
 Laundry246-320-595
 Laundry General N210YesNo-72No"
 Soiled Linen

 Sorting & Storage NOptional10YesNo-72No"
 Clean Linen

 Storage POptional/22OptionalOptional-72No"
 Linen & Trash

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Chute Room NOptional10YesNo-72No"
Dietary246-320-605
Dietary Dry

Storage NAOptional2OptionalNo-72No"
Food Preparation

Centers5 NA210YesNo-72No"
Ware Washing NOptional10YesNo-72No"
Lab General246-320-625N26YesNo-72Yes"
Bacteriology N26YesNo-72Yes"
Biochemistry P26OptionalNo-72Yes"
Cytology N26YesNo-72Yes"
Glass Washing N210YesOptional-72Yes"
Histology N26YesNo-72Yes"
Media Transfer P24OptionalNo-72Yes"
Pathology N26YesNo-72Yes"
Serology P26OptionalNo-72Yes"
Sterilizing NOptional10YesNo-72Yes"
Autopsy N212YesNo-72Yes"
Body Holding

Nonrefrigerated4 NOptional10YesNo-72Yes"
Pharmacy246-320-615P24OptionalOptional-72Yes"
Abbreviations

N=Negative

P=Positive

NA=Not applicable (Continuous Direction Control Not Required)

E=Equal

Notes:

1 Recirculating room units meeting the filtering requirements for the space may be used.

2 The term "trauma room" used in Table 525-3 is the operating room space, in the trauma center routinely used for emergency surgery. The first-aid room and/or "emergency room" used for general initial treatment of accident victims may be ventilated as quoted for the "treatment room."

3 The airborne precaution room described in the standards might be used in the average community hospital. The assumption is the precaution procedures will be for infectious patients and the room should also be suitable for normal private patient use when not needed for airborne precaution.

4 The nonrefrigerated body-holding room would be applicable only for facilities not performing autopsies on-site and using the space for a short period while waiting for body transfer to be completed.

5 Food preparation centers shall have ventilation systems with an excess of air supply for positive pressure when hoods are not in operation.

6 The number of air changes may be reduced when areas are not occupied if provisions are made to ensure the number of air changes required is reestablished when the space is occupied.

7 See WAC 246-320-99902(11) and 296-62-07355 general occupational health standards for ethylene oxide.

8 Consistent with scope of service and function of room.

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9 For renovations, existing window induction units may remain.
10 May consider increasing air changes to 5 minimum air changes of outdoor air per hour supplied to room and 25 minimum total air changes per hour supplied to room per ASHRAE Guidelines.

11 HVAC equipment must be designed to heat or cool to at least temperature shown.

Table 525-4 VENTILATION AND AIR CONDITIONING SYSTEMS FILTER EFFICIENCIES IN HOSPITALS

Area/Room Name

WACFilter Bed 1

%Filter Bed 2

%

Surgical Facilities

Surgery Suite246-320-635

All Operating Rooms 2590

Organ Transplant 2590 (A)

PACU246-320-645

Recovery Stage 1 2590

Recovery Stage 2 2590

Recovery Infants & Pediatrics 2590

Recovery (ECT) 2590

Obstetrical Services

OB Cesarean/Surgical246-320-6552590

Birthing (Labor Delivery Recovery)246-320-6652590 (B)

Interventional Services246-320-675

Cardiology/Angiography

Cath Labs & Angio Rooms 2590

Endoscopy 2590

2590

Lithotripsy 2590 (B)

Inpatient Services

Nursing246-320-685

Medical & Surgical Beds 2590 (B)

Protective Precaution Room (Transplant) 2590 (A)

Airborne Precaution Room246-320-6852590 (B)

Ante Room (if planned)

Specialized Patient Care Services

Pediatrics246-320-6952590 (B)

Nursery

Intermediate Care Nursery246-320-7152590 (B)

NICU246-320-7152590 (B)

Newborn246-320-7052590 (B)

Critical Care246-320-725

Coronary Care 2590 (B)

Intensive Care 2590 (B)

Alcoholism & Substance Abuse246-320-7352590 (B)

Psychiatric (Medical)246-320-7452590 (B)

Rehabilitation (Nursing)246-320-7552590 (B)

Long-Term Care246-320-7652590 (B)

Dialysis246-320-7752590 (B)

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General Requirements

- Treatment Room 2590 (B)
- Exam Room 2590 (B)
- Patient Corridor 2590 (B)
- Patient Toilet 2590 (B)
- Patient Bathing 2590 (B)
- Clean Utility 25NA
- Soiled Utility 25NA
- Janitor's Closet 25NA
- Medication 2590 (B)

Imaging Services

- General Radiology246-320-785
 - General X ray, Fluoroscopy 2590 (B)
 - Mammography 2590 (B)
 - Needle Biopsy 2590 (B)
 - CT Scan 2590 (B)
 - MRI 2590 (B)
- Nuclear Medicine246-320-795

Diagnostic & Treatment

- Emergency246-320-805
 - Trauma 2590
 - Treatment 2590 (B)
 - Exam 2590 (B)
- Rehabilitation (Outpatient)246-320-755
 - Physical Therapy & Hydrotherapy 2590 (B)

Clinical Support Services

- Receiving Storage & Distribution246-320-565NANA
- Central Sterilizing246-320-5752590 (B)
- Environmental Services246-320-585NANA
- Laundry246-320-59580NA
- Dietary246-320-605
 - Food Preparation 80NA
 - Storage, Bulk 25NA
- Lab246-320-625
 - Bacteriology 2590
 - Biochemistry 25NA
 - Cytology 25NA
 - Glass Washing 25NA
 - Histology 25NA
 - Media Transfer 2590
 - Pathology 25NA
 - Serology 25NA
 - Sterilizing 2590
 - Autopsy 25NA
 - Body Holding Nonrefrigerated NANA
- Pharmacy246-320-6152590
- Administration 25NA

Notes

(A)99.9% recirculating air.
(B)80% acceptable with total outside air.
NANot applicable.

Filtration requirement in this table does not apply to renovated spaces where recirculation is optional, except for sensitive areas as defined in WAC 246-320-010.

Table 525-5 PATIENT CARE AREA SINGLE ELECTRICAL RECEPTACLE OUTLET REQUIREMENTS

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Area/Room Name

WAC

TotalCritical

Emergency

PowerSpecial

Requirements

(Hospital Grade)

Surgical Facilities

Surgery Suite246-320-635

All Operating Rooms 1612Hospital Grade

PACU246-320-645

Recovery Stage 1 64Hospital Grade

Recovery Stage 2 42Hospital Grade

Recovery Infants and Pediatrics 64Hospital Grade

Recovery (ECT) 42Hospital Grade

Obstetrical Services

OB Cesarean/Surgical246-320-6551612Hospital Grade

Birthing (Labor Delivery Recovery)246-320-665

62Hospital Grade

Infant Station 42Hospital Grade

Cardiology/Angiography

Cath Labs & Angio Rooms 84Hospital Grade

Endoscopy 82Hospital Grade

82Hospital Grade

Lithotripsy 22Hospital Grade

Inpatient Services

Nursing

Medical & Surgical Beds246-320-68542Hospital Grade

Protective Precaution Room 42Hospital Grade

(Transplant)

Airborne Precaution Room246-320-68542Hospital Grade

Specialized Patient Care Services

Pediatrics246-320-69542Hospital Grade (C)

Pediatric Critical Care 1412Hospital Grade

Nursery

Intermediate Care Nursery246-320-71586Hospital Grade

NICU246-320-7151412Hospital Grade

Newborn246-320-7054(A)2(A)Hospital Grade

Critical Care246-320-725

Coronary Care 1412Hospital Grade

Intensive Care 1412Hospital Grade

Alcoholism & Substance Abuse246-320-73520Hospital Grade

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(C)

Detox beds 246-320-73542 Hospital Grade (C)
Psychiatric (Medical) 246-320-74542 Hospital Grade (C)
Rehabilitation (Nursing) 246-320-75520 Hospital Grade
Long-Term Care 246-320-76542 Hospital Grade
Dialysis (inpatient) 246-320-7754(B)2(B) Hospital Grade
General Nursing Room Requirements
Treatment Rooms 42 Hospital Grade
Exam Rooms 20 Hospital Grade (C)
Patient Toilet per written program
Clean Utility 20
Soiled Utility 20
Imaging Services
General Radiology 246-320-785 per written program Hospital
Grade
General X ray, Fluoroscopy 40
Mammography 40
Needle Biopsy 40
CT Scan 42
MRI 40
Nuclear Medicine 246-320-79540
Diagnostic & Treatment
Emergency 246-320-805
Trauma 86 Hospital Grade
Treatment 42 Hospital Grade
Exam 20 Hospital Grade (C)
Rehabilitation (Outpatient) 246-320-755
Physical Therapy & Hydrotherapy 20 Hospital Grade
Clinical Support Services
Receiving Storage & Distribution 246-320-565 NANA
Central Sterilizing 246-320-575 per written program
Environmental Services 246-320-585 NANA
Laundry 246-320-595 NANA
Dietary 246-320-605 NANA
Lab 246-320-625 per written program
Critical Equipment per written program
Blood Storage per written program
Pharmacy 246-320-615 per written program
Notes
(A) Between every two basins and according to program.
(B) Each station according to program.
(C) Tamper resistant safety receptacles.
(NA) Not Applicable (no minimum outlet requirement for
nonpatient care areas).

WAC 246-320-535 Support facilities. Hospitals will:

- (1) Provide staff facilities with:
 - (a) Space for personal belongings;
 - (b) A toilet; and
 - (c) A handwash sink;
- (2) Provide clean storage room or area with:

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- (a) Storage shelves; and/or
- (b) Space for carts and equipment;
- (3) Provide clean utility room with:
 - (a) A work counter;
 - (b) A handwash sink; and
 - (c) Storage space;
- (4) Provide housekeeping supply room with:
 - (a) A service sink or equivalent;
 - (b) Soap and towel dispensers or equivalent;
 - (c) A mop rack;
 - (d) Storage area for housekeeping carts, supplies, and equipment; and
 - (e) At least one housekeeping room per floor;
- (5) Provide medication distribution and storage in accordance with chapter 246-873 WAC, hospital pharmacy standards, and meeting at least one of the following:
 - (a) A separate room under visual control of nursing staff located to minimize traffic with:
 - (i) A handwash sink;
 - (ii) A working surface;
 - (iii) Sturdily constructed, lockable drug storage;
 - (iv) An enclosed cabinet or equivalent for storage;
 - (v) Storage space for medication cart when appropriate;
 - (vi) Space and electrical receptacle for refrigerator; and
 - (vii) Self-closing positive latching locked entry doors; or
 - (b) Permanently affixed nurse server storage units with:
 - (i) Convenient access to a refrigerator and hand washing sink;
 - (ii) A work surface;
 - (iii) Sturdy construction; and
 - (iv) Self-closing, positive latching, automatic locking doors and/or drawers;

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(c) Medication distribution cart(s), stored in locked room or continuously attended area; or

(d) Automated dispensing unit, designed and installed in accordance with chapter 246-873 WAC;

(6) Provide nourishment facilities in a clean room with:

(a) A refrigerator;

(b) A work counter or space unless combined with a clean utility room;

(c) Storage for utensils and food stuffs;

(d) A handwash sink unless combined with a clean utility room;

(e) Space for a waste container unless combined with a clean utility room;

(f) Dishwasher with a two-compartment sink or a three-compartment sink if area will be used to wash dishes, glasses, or pitchers in accordance with WAC 246-215-100 food service, equipment and utensil cleaning and sanitizing; and

(g) Self-dispensing ice machine, if needed, consistent with scope of service;

(7) Provide soiled storage room separate and with no direct connection to clean storage or utility rooms with:

(a) A clinical service sink with bedpan flushing attachment, unless a soiled utility room is on the same nursing unit or bedpan flushing devices are furnished in all toilet rooms adjoining patient rooms;

(b) Space for waste container, linen hampers, carts, and other large equipment;

(c) A handwash sink or equivalent; and

(d) Self-closing door(s);

(8) Provide soiled utility room separate and with no direct connection to clean utility or storage room with:

(a) A double-compartment sink large enough to accommodate equipment to be cleaned;

(b) A work surface;

(c) Storage cabinets sufficient to store cleaning supplies;

(d) A clinical service sink with bedpan flushing attachment unless bedpan flushing devices are furnished in all toilet rooms adjoining patient rooms;

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(e) Space for waste containers, linen hampers, and other large equipment; and

(f) Self-closing door(s).

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-535, filed 1/28/99, effective 3/10/99.]

WAC 246-320-545 Maintenance, engineering, mechanical, and electrical facilities. Hospitals will:

(1) Provide boiler and/or mechanical equipment rooms with insulation, sound deadening and mechanical ventilation to minimize transfer of heat and noise to rooms occupied by patients and employees;

(2) Provide maintenance shop, if planned, located and designed for easy delivery and removal of equipment and to minimize noise and dust to the rest of the hospital with:

(a) Storage for solvents, flammable and combustible liquids in accordance with WAC 246-320-99902(11); and

(b) Storage for supplies and equipment;

(3) Provide electrical switch gear and telecommunications room(s) with mechanical ventilation and/or cooling as required to maintain adequate operating temperature for equipment;

(4) Provide area with file space and adequate storage for facility drawings, records, and operation manuals; and

(5) Provide separate room or area specifically for storage, repair, and testing of electronic or other medical equipment according to program.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-545, filed 1/28/99, effective 3/10/99.]

WAC 246-320-555 Admitting, lobby, and medical records facilities. Hospitals will provide:

(1) Admitting, lobby, and medical records facilities with:

(a) Support facilities meeting requirements in WAC 246-320-535(4) housekeeping supply room; and

(b) Adequate storage for office equipment, forms, and supplies;

(2) An admitting area with provision for auditory privacy during interviews;

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(3) A lobby area with:

(a) A waiting area;

(b) Access to public toilet(s) for each sex;

(c) A drinking fountain;

(d) A public telephone; and

(e) An information desk or directory signage;

(4) A medical records area with:

(a) Active and inactive records storage;

(b) Total space appropriate for the duration and type of storage planned; and

(c) Security.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-555, filed 1/28/99, effective 3/10/99.]

WAC 246-320-565 Receiving, storage, and distribution facilities. Hospitals will:

(1) Provide receiving, storage, and distribution facilities with support facilities meeting the requirements in WAC 246-320-535(3) clean utility;

(2) Locate bulk and general supply storage to:

(a) Avoid disturbance to the operation of the hospital; and

(b) Prevent contamination or damage of goods during movement to and from storage;

(3) Provide bulk and general supply storage constructed in accordance with WAC 246-320-525 (2)(h), and to prevent spoilage, contamination, damage, and corrosion of goods stored therein including:

(a) Protection against inclement weather during transfer of supplies;

(b) Secured spaces with appropriate environmental conditions in accordance with federal and state laws and rules on supplies and drug storage if pharmaceuticals are stored; and

(c) Off-floor storage when required to prevent contamination and water damage to stores;

(4) Provide receiving and unloading area or areas consistent with scope of service with:

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(a) Administrative work space near receiving and break-out areas;

(b) Security and protection for supplies; and

(c) Location to prevent vehicle exhaust from entering the hospital;

(5) Provide clean storage rooms designed and equipped for storage of all clean and sterilized items with:

(a) Space for shelving and/or cart storage;

(b) Fixed storage units and shelving at least six inches above floor and located for easy cleaning; and

(c) Areas used for break out not restricting egress;

(6) Provide storage consistent with scope of service for:

(a) Flammable and combustible liquid storage in accordance with WAC 246-320-99902(11);

(b) Laboratory chemicals in accordance with WAC 246-320-99902(7);

(c) Medical compressed gases in accordance with WAC 246-320-99902(6); and

(d) Gaseous oxidizing materials in accordance with WAC 246-320-99902(12) for materials including, but not limited to, oxygen, nitrous oxide, fluorine, and chlorine trifluoride with segregation either by space or in a separate room or separate building.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-565, filed 1/28/99, effective 3/10/99.]

WAC 246-320-575 Central processing service facilities. Hospitals will:

(1) Provide central processing service facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities; and

(b) WAC 246-320-535(4) housekeeping supply room;

(2) Locate central processing service facilities to:

(a) Prevent through traffic to other hospital operations;

(b) Avoid contamination of clean and sterile supplies and equipment;

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(c) Prevent objectionable heat and noise in patient care areas;
and

(d) Facilitate delivery and return of supplies and equipment to
and from other services;

(3) Provide central processing service facilities with:

(a) Areas within the unit to provide for proper handling of
supplies and equipment;

(b) Work flow designed to maintain separation of clean or
sterile items from soiled or contaminated items;

(c) Device for communication between clean and soiled functions
and between administrative and clean and soiled functions; and

(d) Room or area located to permit access from public areas
without entering processing areas;

(4) Locate soiled receiving and decontamination rooms to
preclude transport of soiled or contaminated items through other
clean areas of central processing service with:

(a) Facilities for receiving, disassembling, and cleaning of
supplies and equipment physically separated from all clean areas of
central processing service; and

(b) Work flow from decontamination room directly into clean
preparation room;

(5) Provide soiled receiving and decontamination room or rooms
with:

(a) Space for soiled collection carts;

(b) An area with a floor drain connected to a sanitary sewage
system for cleaning and disinfecting carts and large equipment
unless cart wash facilities are provided elsewhere;

(c) At least one double-compartment sink adequately sized to
accommodate the equipment being cleaned;

(d) Additional sinks or mechanical washers as required by types
and volume of items to be processed;

(e) Work counter or equivalent space adjacent to each sink or
mechanical washer for collection and separation of soiled or
contaminated items and washed items;

(f) Storage for cleaning supplies and equipment;

(g) Handsfree handwash sink;

(h) Clinical service sink consistent with scope of service
program;

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- (i) Seamless floors with integral cove base; and
 - (j) Emergency eyewash;
- (6) Provide clean workroom, preparation and repackaging areas with:
- (a) Space and facilities arranged for assembling and packing supplies and equipment for sterilization;
 - (b) Work surfaces;
 - (c) Storage;
 - (d) Space for mobile equipment;
 - (e) A handwash sink located to prevent splash or spray on clean items; and
 - (f) A separate room to avoid accumulation and spread of lint, if preparation of linen is a function in central processing;
- (7) Locate sterilizing equipment to facilitate movement of supplies/materials from assembling/packaging to storage of clean and sterile supplies with:
- (a) Easy access for maintenance;
 - (b) Ventilation according to manufacturer;
 - (c) Unalterable air gap for drain and cross-connection control on all incoming water lines;
 - (d) Pressure sterilizers with recording thermometers and automatic controls; and
 - (e) If an ethylene oxide sterilizer is installed, include:
 - (i) Mechanical aerator;
 - (ii) Ventilation and monitoring in accordance with manufacturer's recommendations and chapter 296-62 WAC biological agents;
 - (iii) Separate room for ethylene oxide gas sterilizer and cylinder storage; and
 - (iv) Readily accessible emergency deluge shower with floor drain;
- (8) Provide separate room or area for clean and sterile items including:
- (a) Provisions for issuance without transport through areas of central processing and sterilizing service; and

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(b) Enclosed cabinets, or covered carts, or equivalent if storage is in the preparation area.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-575, filed 1/28/99, effective 3/10/99.]

WAC 246-320-585 Environmental services facilities. Hospitals
will:

(1) Provide a primary housekeeping area with:

(a) Storage area consistent with scope of service, including:

(i) Racks, bins, shelves, or cabinets;

(ii) Storage for pesticides, cleaning compounds, and toxic substances;

(iii) Space for mobile housekeeping equipment;

(iv) Eyewash; and

(v) Handwash sink;

(b) Cleanup area for large mobile equipment with:

(i) Service sink for cleaning small equipment and janitorial tools;

(ii) Soap dispenser and single use hand drying device; and

(iii) Area with floor drain for cleaning large mobile equipment unless equipment wash area is provided elsewhere; and

(c) Administrative area;

(2) Provide waste handling area located to prevent objectionable smoke and odors in other areas of the hospital including:

(a) Storage area in a separate, well-ventilated room or outside, enclosed space with:

(i) Emergency shower;

(ii) Eyewash;

(iii) Handwash sink; and

(iv) Floor drain connected to sanitary sewage system;

(b) Waste container wash area, if provided, with floor drain connected to a sanitary sewage system and hose bibs with hot and cold water;

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(c) Waste dumpsters and compactor storage area with drain connected to a sanitary sewage system and hose bibs with hot and cold water; and

(d) Incineration facilities, if planned, located in a separate well-ventilated room or outside enclosed space with incinerator, meeting requirements in WAC 246-320-99902(4) and other federal, state, and local rules and regulations.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-585, filed 1/28/99, effective 3/10/99.]

WAC 246-320-595 Laundry and/or linen handling facilities.
Hospitals will:

(1) Provide laundry and/or linen handling facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities; and

(b) WAC 246-320-535(4) housekeeping supply room;

(2) Locate laundry and/or linen facilities to:

(a) Avoid through traffic to other hospital patient care areas;
and

(b) Avoid excessive heat, noise and odors traveling to patient care areas and other departments;

(3) Provide laundry and linen handling facilities with:

(a) Space for movement and storage of clean and soiled carts;

(b) Separate linen processing areas or rooms with:

(i) Capacity for receiving, holding, and sorting of soiled and clean linen consistent with scope of service;

(ii) Floor drain(s) located in the soiled linen area;

(iii) Handwash sink in soiled and clean processing areas;

(iv) Negative air pressure gradient with direction of air flow from clean side of room to dirty side of room if room is shared; and

(v) A folding area on clean side;

(c) Separate clean linen storage room located to avoid sources of moist or contaminated air with:

(i) Storage for reserve supply of linens, blankets, and pillows; and

(ii) Space for carts and/or shelves;

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(d) The following additional provisions if laundry is done on site:

(i) Equipment capacity for processing laundry consistent with scope of service;

(ii) Arrangement for uninterrupted work flow from soiled to clean function;

(iii) Commercial washing machine(s);

(iv) Floor drains consistent with scope of service or as required by equipment;

(v) Commercial dryer(s);

(vi) Dryer exhaust to the exterior and make-up air; and

(vii) Sewing area;

(4) If commercial laundry service is used, provide separate clean and soiled storage rooms, located for convenient dispatch to vendor.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-595, filed 1/28/99, effective 3/10/99.]

WAC 246-320-605 Food and nutrition facilities. Hospitals will:

(1) Meet the requirements in chapter 246-215 WAC Food service;

(2) Provide food and nutrition facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities, with door closures if opening directly into food preparation or storage areas; and

(b) WAC 246-320-535(4) housekeeping supply room;

(3) Locate dietary facility to prevent through traffic to other hospital operations with:

(a) Kitchen area located to:

(i) Prevent unnecessary traffic through dietary department;

(ii) Avoid food contamination from other hospital operations;
and

(iii) Prevent objectionable heat, noise, and odors to patient care areas;

(b) Dietary facility to facilitate:

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- (i) Delivery of stores;
- (ii) Disposal of kitchen waste; and
- (iii) Transport of food to nursing units;
- (c) Dining area, if planned, adjacent to employee food service area;
- (4) Provide the dietary facility with:
 - (a) Office space;
 - (b) Receiving area readily accessible to the refrigeration and food storage areas;
 - (c) Bulk, refrigerated and frozen food storage spaces conveniently located to receiving area and to avoid through traffic in food preparation area with:
 - (i) At least one dry storage room located in or adjacent to the kitchen with:
 - (A) Access from an outside delivery entrance;
 - (B) Proper construction, ventilation, and temperature to minimize spoilage;
 - (C) Space for large containers and mobile equipment;
 - (D) Bottom shelves for food storage at least six inches above floor; and
 - (E) Storage units located and designed to allow for easy and regular cleaning of shelves, walls, and floors;
 - (ii) Capacity to stock a quantity of food supplies to accommodate emergencies;
- (5) Provide kitchen facilities and food preparation areas including:
 - (a) Patient tray preparation area with:
 - (i) Space for mobile equipment such as food tray carts;
 - (ii) Serving equipment;
 - (iii) Closed or covered storage units for food containers, dishes, and trays;
 - (iv) Refrigerator and/or frozen food storage unit; and
 - (v) Beverage service equipment;
 - (b) Provision for bulk ice;

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(6) Provide employee food service area, if planned, separate from, but convenient to the kitchen;

(7) Provide a dishwashing and utensil washing room or area to:

(a) Avoid traffic through other areas of the kitchen; and

(b) Permit unloading of tray carts and receiving of soiled dishes without obstructing traffic in corridors; and

(8) Provide access to cart washing or cleaning area conveniently located adjacent to service corridor or elevator.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-605, filed 1/28/99, effective 3/10/99.]

WAC 246-320-615 Pharmacy. Hospitals will:

(1) Provide each pharmacy with support facilities meeting requirements in WAC 246-320-535(4) housekeeping supply room;

(2) Locate pharmacy in a separate and secure room;

(3) Provide pharmacy with:

(a) Storage, including locked storage for Schedule II controlled substances in accordance with WAC 246-873-070 and 246-873-080;

(b) All entrance doors equipped with closers;

(c) Automatic locking mechanisms on all entrance doors to preclude entrance without a key or combination;

(d) All perimeter walls of the pharmacy and vault constructed full height from floor to underside of structure above;

(e) Security devices or alarm systems for perimeter doors, windows and relites;

(f) An emergency signal device to signal at a location where twenty-four-hour assistance is available;

(g) Space for files and clerical functions;

(h) Break-out and storage area separate from clean areas; and

(i) Electrical service including emergency power to critical pharmacy areas and equipment;

(4) Provide a general compounding and dispensing unit, room, or area with:

(a) A work counter with impermeable surface;

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(b) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(c) Storage space;

(d) A refrigeration and freezing unit; and

(e) Space for mobile equipment;

(5) Provide manufacturing and unit dose packaging area or room, if planned, with the following:

(a) Work counter with impermeable surface;

(b) Corrosion-resistant sink suitable for handwashing, mounted in counter or integral with counter; and

(c) Storage space;

(6) Locate admixture, radiopharmaceuticals, and other sterile compounding room, if planned, in a low traffic, clean area with:

(a) A preparation area;

(b) A work counter with impermeable surface;

(c) A corrosion-resistant handsfree sink, suitable for hand washing, mounted in counter or integral with counter;

(d) Space for mobile equipment;

(e) Storage space;

(f) A laminar flow hood in admixture area; and

(g) Shielding and appropriate ventilation in accordance with WAC 246-320-525 (4)(k) and (l) for storage and preparation of radiopharmaceuticals and chemotherapeutic agents;

(7) If satellite pharmacies are planned, meet:

(a) Subsections (1) and (3)(a), (b), (c), (d), (e), and (f) of this section when drugs will be stored;

(b) Subsection (3)(g), (h), and (i) of this section, if appropriate; and

(c) Subsections (4)(a) through (e) and (6)(a) through (g) of this section if planned;

(8) Provide separate outpatient pharmacy, if planned, meeting requirements for satellite pharmacy.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-615, filed 1/28/99, effective 3/10/99.]

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WAC 246-320-625 Laboratory and pathology facilities. Hospitals will:

(1) Provide laboratory and pathology facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities;

(b) WAC 246-320-535(4) housekeeping supply room; and

(c) WAC 246-320-535(8) soiled utility room;

(2) Locate laboratory facility to avoid outpatient traffic through inpatient areas;

(3) Provide laboratory facilities with:

(a) Electrical service including emergency power to critical laboratory areas and equipment consistent with scope of service;

(b) Noise attenuation where applicable;

(c) Piped utility valves and waste line clean-outs accessible for repair and maintenance;

(d) Work areas for technical, clerical, and administrative staff, files, and storage;

(e) Handwash sink unless other sinks in the laboratory are equipped for washing hands;

(f) Impermeable work counter or counters with sufficient height, depth, and length to accommodate equipment, procedures, and documentation;

(g) Knee hole spaces at work stations where appropriate;

(h) Corrosion resistant sinks in testing areas consistent with scope of service;

(i) Space for freestanding equipment;

(j) Storage;

(k) Clear aisle width suitable to function and to provide accessibility;

(l) Special drainage as appropriate for equipment and waste disposal;

(m) Easily accessible emergency eye washers;

(n) Blood drawing room or area separate from laboratory testing area including:

(i) Work counter;

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(ii) Handwash sink;

(iii) Space to accommodate wheelchair and infants; and

(iv) Waiting area;

(o) Wheelchair accessible toilet with shelf or equivalent to accommodate specimen collection;

(p) Specimen preparation area located in or adjacent to laboratory with equipment as required in (a), (d), (f), (h), (i), (j), and (k) of this subsection;

(q) Blood bank area including:

(i) Equipment as required in (a) through (n) of this subsection; and

(ii) A blood bank refrigerator equipped with high and low temperature alarm which signals in staffed area;

(r) Chemistry area including equipment as required in (a), (b), (d), (h), (i), (j), (k), (l), and (m) of this subsection with the following additional provisions if applicable:

(i) Fume hood when any procedure produces dangerous, toxic, or noxious fumes;

(ii) Special equipment properly vented as per manufacturer's instructions; and/or

(iii) Special gases piped in or space for special gas cylinders with safety fasteners;

(s) Hematology facility located and equipped as required in (a) through (n) of this subsection;

(4) Provide the following laboratory services, if planned:

(a) Media preparation room or area meeting the ventilation requirements in WAC 246-320-525 (Table 525-3);

(b) Reagent preparation area including equipment as required in subsection (3)(f), (g), (h), (i), and (j) of this section with:

(i) Space for vibration-free balance table unless available elsewhere in laboratory; and

(ii) Equipment for preparation of reagent water or outlet for piped reagent water prepared elsewhere;

(c) Microbiology or areas where specimen may be aerosolized including:

(i) Separate enclosed room or an area located away from traffic flow; and

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(ii) Equipment as required in subsection (3)(a), (d), (f), (h), (i), (j), and (k) of this section with the following additional provisions:

(A) Space for special gas cylinders with safety fasteners unless all gas is piped in; and

(B) For highly infectious materials, an additional enclosed area with counters, sink, storage, and biological safety cabinet or laminar flow hood;

(d) Cytology and/or histology in a separate area with:

(i) A staining area with forced air exhaust ventilation;

(ii) As necessary, a fume hood to exhaust tissue processing equipment;

(iii) Space for frozen section equipment as needed; and

(iv) Provisions for storing flammable materials used in the area;

(5) Locate a morgue facility, if planned, to accommodate transport of deceased via least used public corridor or corridors and provide refrigeration for body storage;

(6) Locate an autopsy room, if planned, adjacent to the morgue and provide with:

(a) An autopsy table with water supply, suction outlet, and appropriate drain;

(b) Space for dissection table or counter;

(c) A floor drain;

(d) A scrub sink;

(e) An instrument sterilizer unless provided elsewhere;

(f) A conveniently located changing room, toilet, handwash sink and shower;

(g) Space for housekeeping equipment; and

(h) Specimen holding room or area;

(7) Locate vivariums, if planned, separate from the laboratory and patient care areas and provide with:

(a) Food and supply storage;

(b) Handwash sink;

(c) Facilities for disposal of wastes and dead animals;

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- (d) Locked isolation of inoculated animals;
- (e) Controlled access;
- (f) Adequately secured areas to prevent escape; and
- (g) Measures to control noise and odors.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-625, filed 1/28/99, effective 3/10/99.]

WAC 246-320-635 Surgery facilities. Hospitals will:

(1) Provide surgery facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room with adequate storage facilities consistent with scope of service;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility, which includes anesthesia if planned;

(d) WAC 246-320-535(8) soiled utility room with:

(i) A sink and plaster trap; and

(ii) With no direct access to operating room;

(2) Locate a separate segregated surgery suite to:

(a) Prevent traffic through surgery suite to any other area of the hospital; and

(b) Facilitate transfer of patients to recovery/post anesthesia care unit and surgical nursing units;

(3) Provide surgery suite with:

(a) A scrub-up area with direct access or close to each operating room including:

(i) At least two scrub sinks per operating room or at least three scrub sinks for every two operating rooms;

(ii) Soap dispenser at each scrub sink with foot control or equivalent;

(iii) Brush dispenser or equivalent;

(iv) Shelf;

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- (v) Single service towel dispenser or equivalent; and
- (vi) Clock with sweep second hand or equivalent within view from scrub sinks;
- (b) Sterilizing facilities located for maintenance accessibility including:
 - (i) Flash sterilizers consistent with scope of service;
 - (ii) Compliance with WAC 246-320-575 central processing, if instruments are processed in the operating room;
 - (iii) Sterilizers with recording thermometers and automatic controls sufficient to accommodate supplies and equipment if sterilized in suite;
- (c) Patient preoperative area, if planned, including:
 - (i) Room or alcove out of traffic; and
 - (ii) Provision for toilet, handwash sink, staff work area, and privacy curtains or equivalent;
- (d) A solution warmer;
- (e) A blanket warmer; and
- (f) Ice machines consistent with scope of service;
- (4) Provide at least one major operating room with:
 - (a) Minimum room dimension of twenty feet;
 - (b) Minimum room area of four hundred eighty square feet;
 - (c) A ceiling mounted surgery light and general room lighting;
 - (d) Film illuminators or equivalent consistent with scope of service;
 - (e) A clock with sweep second hand or equivalent;
 - (f) Interval timer consistent with scope of service; and
 - (g) Storage for surgical supplies;
- (5) Provide minor operating room, if planned, meeting the requirements in subsection (4)(c) through (g) of this section, with:
 - (a) Minimum dimension of fifteen feet; and
 - (b) Minimum room area of two hundred seventy square feet;
- (6) Provide anesthesia work room, if planned, with:
 - (a) Space for cleaning, testing, and storing anesthesia

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machines, carts, supplies, and lockable storage for medications;

(b) A two-compartment sink with counter space to separate clean and soiled functions; and

(c) A writing surface;

(7) Locate control area to permit coordination of functions among operating rooms in or adjacent to surgery facilities with:

(a) Telephone;

(b) Room convenient to the surgery suite for confidential communication;

(c) File storage; and

(d) Work area;

(8) Provide clean storage facilities for equipment and supplies, including:

(a) Blood refrigeration, if blood is stored; and

(b) Mobile X-ray equipment;

(9) Provide staff facilities with:

(a) Locker rooms located within the surgery suite, including:

(i) Storage for personal effects;

(ii) Storage space for scrub clothing;

(iii) Space for collection receptacles for soiled scrub clothing; and

(iv) Separate facilities for males and females including:

(A) A clothing change area or room;

(B) A toilet and handwash sink; and

(C) Shower facilities;

(b) A lounge within the surgery suite; and

(c) Dictation and report area;

(10) Include a recovery/post anesthesia care unit in accordance with WAC 246-320-645;

(11) Provide cardiovascular, orthopedic, neurological and other special procedure areas, if planned, that require room for additional personnel and/or large equipment with:

(a) Same requirements as subsection (5) of this section except

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with a minimum clear floor area of six hundred square feet; and

(b) Additional equipment storage room(s) for large equipment required to support these procedures.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-635, filed 1/28/99, effective 3/10/99.]

WAC 246-320-645 Recovery/post anesthesia care unit (PACU).
Hospitals will:

(1) Provide recovery/post anesthesia care unit areas or rooms with support facilities meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility; and

(d) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate recovery/post anesthesia care unit area or rooms adjacent to the surgery suite, avoiding through traffic to other patient care areas;

(3) Provide patient care area with:

(a) Multiple-bed area designed to provide:

(i) At least four feet wide space between side of each bed or stretcher and wall, other bed, or fixed equipment; and

(ii) At least four feet wide space between foot end of any bed and any wall or fixed equipment;

(b) Privacy curtains or equivalent;

(c) A handwash sink located convenient to every six patient stations or major fraction;

(d) Storage, shelves, drawers, or equivalent and charting surface at each patient station;

(e) Clock with sweep second hand or equivalent;

(f) Interval timer consistent with scope of service; and

(g) Airborne precaution room, if planned, with:

(i) One hundred twenty square feet;

(ii) A handwash sink with handsfree controls and gooseneck

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spouts without aerators;

(iii) A clock;

(iv) A charting surface;

(v) A clinic service sink or water closet with bedpan rinsing/flushing attachment adjoining room; and

(vi) Air changes and air pressure gradients in accordance with WAC 246-320-525 (Table 525-3);

(4) Provide storage for stretchers, supplies and equipment;

(5) Provide nursing support area meeting the requirements in WAC 246-320-685 (5)(b);

(6) Provide patient toilet with handwash sink where stage two recovery is planned; and

(7) Provide easily accessible staff toilet with handwash sink.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-645, filed 1/28/99, effective 3/10/99.]

WAC 246-320-655 Obstetrical delivery facilities. Hospitals will:

(1) Provide obstetrical delivery facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities with dressing room;

(b) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility; and

(e) WAC 246-320-535(8) soiled utility room;

(2) Locate delivery rooms to prevent traffic through delivery room service areas;

(3) Provide cesarean delivery room or surgery room for obstetrical services with:

(a) Minimum area of four hundred square feet;

(b) Minimum room dimension of twenty feet;

(c) A ceiling mounted surgery light and general room lighting;

(d) Film illuminators or equivalent consistent with scope of service;

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(e) Clock with sweep second hand or equivalent;

(f) Interval timer consistent with scope of service;

(4) Provide scrub area located to provide direct access to the cesarean/delivery room and in accordance with WAC 246-320-635

(3)(a);

(5) Provide flash sterilizers consistent with scope of service meeting requirements in WAC 246-320-635 (3)(b);

(6) Provide anesthesia storage or anesthesia workroom meeting requirements in WAC 246-320-635(6);

(7) Include a recovery/post anesthesia care unit, if planned, in accordance with WAC 246-320-645;

(8) Provide storage for supplies and equipment.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-655, filed 1/28/99, effective 3/10/99.]

WAC 246-320-665 Birthing/delivery rooms, labor, delivery, recovery (LDR) and labor, delivery, recovery, postpartum (LDRP). Hospitals will:

(1) Provide birthing/delivery rooms, labor, delivery, recovery (LDR) and labor, delivery, recovery, postpartum (LDRP) with:

(a) Support facilities located for convenient use by staff meeting the requirements in:

(i) WAC 246-320-535(1) staff facilities with dressing room;

(ii) WAC 246-320-535(2) clean storage room, or WAC 246-320-535(3) clean utility room;

(iii) WAC 246-320-535(4) housekeeping supply room;

(iv) WAC 246-320-535(5) medication distribution facility;

(v) WAC 246-320-535(6) nourishment facilities with provision for ice; and

(vi) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(b) Toilet and bathing facilities adjoining each patient room;

(c) Nursing support area or equivalent meeting requirements in WAC 246-320-685 (5)(b); and

(d) Storage for supplies and equipment;

(2) Locate birthing rooms to prevent unnecessary traffic

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through the obstetrical service area; and

(3) Provide single-bed birthing room with:

(a) Four feet at each side and six feet at foot of bed;

(b) Minimum room area of two hundred square feet;

(c) A handsfree handwash sink;

(d) Privacy curtains or equivalent;

(e) One full-length wardrobe, closet, or locker for storage of personal effects; and

(f) Uncarpeted floors.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-665, filed 1/28/99, effective 3/10/99.]

WAC 246-320-675 Interventional service facilities. Hospitals
will:

(1) Provide interventional service facilities with convenient and easily accessible support facilities consistent with scope of service meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility; and

(d) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate procedure rooms for easy access by patients, preventing through traffic, and convenient to waiting area or patient holding area;

(3) Meet requirements in WAC 246-320-785 (3) and (5) when imaging procedures are done in procedure rooms which are not located in the radiology facilities;

(4) Provide endoscopy room(s) for routine procedures, if planned, with:

(a) Minimum room dimension of fifteen feet;

(b) Minimum room area of two hundred fifty square feet;

(c) A handwash sink;

(d) Exam light or equivalent and adequate general room

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lighting;

(e) Clock with sweep second hand or equivalent;

(f) Supply and equipment storage; and

(g) The following consistent with scope of service:

(i) Film illuminators or equivalent;

(ii) Interval timer;

(iii) Adjoining patient toilet with handwash sink; and

(iv) Scope cleaning room with proper ventilation and facilities for cleaning and drying;

(5) Provide procedure room for cystoscopic and other endo-urological procedures, if planned:

(a) Meeting the requirements in subsection (4) of this section, with the following exceptions:

(i) Minimum room dimension of eighteen feet;

(ii) Minimum room area of three hundred square feet;

(iii) Ceiling mounted surgery light in cystoscopy; and

(iv) Scrub sink;

(b) With adequate space for equipment transformer cabinet; and

(c) With waste evacuation drainage plumbing if required by table manufacturer;

(6) Provide cardiac, diagnostic, interventional procedure room, or other special procedure room, if planned, with:

(a) Minimum room dimension of twenty feet exclusive of control booth and fixed equipment;

(b) Minimum room area of four hundred eighty square feet;

(c) A scrub sink located immediately outside of procedure room;

(d) Work surface;

(e) Supply and equipment storage;

(f) Exam light;

(g) Clock with sweep second hand;

(h) Interval timer consistent with scope of service;

(i) Washable ceiling tile; and

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(j) Control room where required for equipment operation and safety;

(7) Provide lithotripsy room, if planned, with:

(a) Minimum room dimension of fifteen feet;

(b) Minimum room area of two hundred fifty square feet;

(c) Handwash sink, unless lithotripsy device is in operating room;

(d) Work surface;

(e) Supply and equipment storage;

(f) Clock with sweep second hand; and

(g) Interval timer consistent with scope of service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-675, filed 1/28/99, effective 3/10/99.]

WAC 246-320-685 Nursing unit. Hospitals will:

(1) Provide each nursing unit with support facilities on or adjacent to each unit meeting requirements in:

(a) WAC 246-320-535(1) staff facilities;

(b) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution;

(e) WAC 246-320-535(6) nourishment facilities; and

(f) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate each nursing unit to avoid through traffic to any service, diagnostic, treatment, or administrative area;

(3) Provide each nursing unit with separate areas for each of the following clinical services:

(a) Beds for postpartum patients grouped together and located to avoid intermixing with beds for other types of patients;

(b) When a separate pediatric unit is planned or when rooms with pediatric beds are located together or in close proximity to each other, consistent with scope of service and WAC 246-320-695

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(4)(a), (b), and (c);

(c) When a separate psychiatric unit is planned, or when ten or more psychiatric beds are planned, a psychiatric unit must be provided in accordance with WAC 246-320-745;

(d) Segregated critical care patient beds where five or more beds are planned in accordance with WAC 246-320-725; and

(e) A separate long-term care unit where ten or more beds are planned in accordance with WAC 246-320-765;

(4) Provide the following on each unit:

(a) Patient rooms located:

(i) To prohibit traffic through rooms;

(ii) To minimize entrance of odors, noise, and other nuisances;
and

(iii) With direct access from corridor of nursing unit;

(b) Patient rooms designed with:

(i) A maximum capacity of four beds per room;

(ii) At least eighty square feet usable floor space per bed in multibed rooms;

(iii) At least one hundred square feet usable floor space in single-bed rooms;

(iv) Beds arranged in multibed rooms with at least:

(A) Two feet from wall, except at head;

(B) Three feet apart; and

(C) Three feet eight inches clearance at foot of bed;

(v) Handwash sink in each room located as near to entry as practical, optional in psychiatric patient rooms;

(vi) Cubicle curtains or equivalent to provide patient privacy in all multibed patient rooms arranged to provide patient access to toilet, handwash sink, wardrobe, and entry without interference to privacy of other patients; and

(vii) One full-length wardrobe, closet, or locker per bed;

(c) Patient bathing facilities including showers or tubs in the ratio of one bathing facility per eight beds or major fraction thereof. Beds having a bathing facility adjoining the patient room will be excluded from the ratio;

(d) Patient toilets with bedpan flushing equipment adjoining

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each patient room; and

(e) Toilet rooms serving patient beds in ratio of one per four beds or major fraction with one toilet room serving no more than two patient rooms;

(5) Provide the following on or adjacent to each unit:

(a) Self-dispensing ice machine;

(b) Nursing support area with:

(i) A writing surface;

(ii) Storage for patient charts;

(iii) A telephone; and

(iv) A clock;

(c) A room for confidential communication;

(d) A waiting room or area, convenient to the unit; and

(e) Storage for supplies and equipment;

(6) Provide at least one airborne precaution room as appropriate for isolation of airborne communicable diseases in the hospital with:

(a) Adjoining toilet, bedpan flushing equipment, and bathing facility;

(b) Handwash sink with handsfree faucet controls and gooseneck spout without aerators located in room near entry;

(c) Air changes and air pressure gradients in accordance with WAC 246-320-525 (Table 525-3);

(d) Uncarpeted floors; and

(e) Anteroom or vestibule.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-685, filed 1/28/99, effective 3/10/99.]

WAC 246-320-695 Pediatric nursing unit. Hospitals will:

(1) Provide each pediatric nursing unit with support facilities located for convenient use by staff and to prevent access by pediatric patients meeting requirements in:

(a) WAC 246-320-535(1) staff facilities;

(b) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3)

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clean utility room;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility;

(e) WAC 246-320-535(6) nourishment facilities; and

(f) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate the pediatric unit to prevent unnecessary traffic through the service area and in accordance with WAC 246-320-405(2);

(3) Provide tamper resistant electrical outlets in all patient areas, including corridors;

(4) Meet the requirements in WAC 246-320-685(4) except as follows:

(a) Patient rooms designed with at least fifty square feet usable floor space per bassinet;

(b) Adjoining patient toilets may be omitted from bassinet rooms; and

(c) At least one airborne infection precaution room must be located in the pediatric area meeting requirements in WAC 246-320-685(6);

(5) Meet the requirements in WAC 246-320-685(5) with the waiting room for parents provided on or adjacent to the unit;

(6) Treatment and examination room with minimum dimension of eight feet and at least one hundred square feet, including:

(a) Handwash sink;

(b) Work surface; and

(c) Storage;

(7) Provide multipurpose room or area, commonly known as play room.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-695, filed 1/28/99, effective 3/10/99.]

WAC 246-320-705 Newborn nursery facilities. Hospitals will:

(1) Provide newborn nursery facilities with support facilities convenient to nursery room meeting requirements in:

(a) WAC 246-320-535(1) staff facilities with dressing room;

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(b) WAC 246-320-535(3) clean utility room with additional provision of refrigerator for infant feedings;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility; and

(e) WAC 246-320-535(8) soiled utility room;

(2) Locate the nursery facilities to prevent unnecessary traffic through the service area;

(3) Provide nursery rooms with:

(a) Enough bassinets for newborn infants consistent with scope of service;

(b) An area of twenty-four square feet per bassinet, exclusive of aisle space;

(c) At least three feet between bassinets;

(d) Handsfree handwash sink(s) with:

(i) One located at every entrance to nursery;

(ii) Additional sinks located within the nursery area in a ratio of one handwash sink for every twelve bassinets or major fraction; and

(iii) A soap dispenser with foot control or equivalent at each sink;

(e) A clock with sweep second hand or equivalent visible from all nursery rooms;

(f) A writing surface; and

(g) A telephone;

(4) Provide storage area for linen, supplies, infant formula, and equipment; and

(5) Provide security for newborns consistent with scope of service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-705, filed 1/28/99, effective 3/10/99.]

WAC 246-320-715 Intermediate care nursery and neonatal intensive care nursery. Hospitals will:

(1) Provide each intermediate care nursery and neonatal intensive care nursery with support facilities convenient to nursery room meeting requirements in:

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- (a) WAC 246-320-535(1) staff facilities with dressing room;
- (b) WAC 246-320-535(3) clean utility room with additional provision of refrigerator for infant feedings;
- (c) WAC 246-320-535(4) housekeeping supply room;
- (d) WAC 246-320-535(5) medication distribution facility; and
- (e) WAC 246-320-535(8) soiled utility room;
- (2) Locate the nursery facilities to prevent unnecessary traffic through the service area;
- (3) Provide nursery rooms with:
 - (a) Film illuminators or equivalent consistent with scope of service;
 - (b) A clock with sweep second hand or equivalent visible from all nursery rooms;
 - (c) A writing surface; and
 - (d) A telephone;
- (4) Provide infant stations with:
 - (a) Usable floor area exclusive of aisles with:
 - (i) Fifty square feet in intermediate care nursery; and
 - (ii) Eighty square feet in neonatal intensive care nursery;
 - (b) Space to accommodate monitors and equipment;
 - (c) Work counter with provisions for a writing area; and
 - (d) Closed storage for supplies and equipment;
- (5) Provide sinks as follows:
 - (a) At least one scrub sink at each entrance, including a clock with sweep second hand or equivalent within view from scrub sinks; and
 - (b) Handsfree handwash sinks for every eight infant stations or a major fraction thereof;
- (6) Provide an airborne precaution room, if planned, meeting the requirements in subsection (4) of this section;
- (7) Provide an area for breast pumping, with:
 - (a) Access to a:
 - (i) Handwash sink; and

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(ii) Refrigerator;

(b) Provisions for privacy; and

(c) Storage for equipment and supplies consistent with scope of service;

(8) Provide:

(a) Conference or counseling room which allows for parent privacy convenient to intermediate care and neonatal intensive care nursery rooms;

(b) Nursing support area or equivalent meeting the requirements in WAC 246-320-685 (5)(b);

(c) Storage room for linens, supplies, infant formula, and equipment;

(d) Parent's waiting room; and

(e) Security consistent with scope of service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-715, filed 1/28/99, effective 3/10/99.]

WAC 246-320-725 Critical care facilities. Hospitals will:

(1) Provide critical care facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(1) staff facilities;

(b) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(c) WAC 246-320-535(4) housekeeping supply room;

(d) WAC 246-320-535(5) medication distribution facility;

(e) WAC 246-320-535(6) nourishment facilities with provision for bulk ice; and

(f) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Provide a critical care facility with:

(a) Location to avoid through traffic and penetration of objectionable noise or odors from other areas of the hospital;

(b) Location of patient rooms and placement of beds in rooms to provide for direct visibility of patients from nursing support station unless there is provision for indirect viewing of patients

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by television;

(c) A water closet, clinical sink, or equivalent with bedpan flushing device for disposing of patient wastes, in a separate room directly accessible to each critical care patient room;

(d) Additional storage for equipment and supplies; and

(e) Airborne precaution room in accordance with WAC 246-320-685(6);

(3) Provide patient rooms with:

(a) Maximum capacity of two beds per room provided each bed has visual access to natural light;

(b) Usable floor space per bed of one hundred fifty square feet, exclusive of areas taken up by passage door swings, closets, wardrobes, portable lockers, and toilet rooms;

(c) Spacing of at least:

(i) Four feet or more between side of bed and wall;

(ii) Six feet or more between foot of bed and wall; and

(iii) Eight feet or more between beds in multibed rooms;

(d) Equipment and furnishings as follows:

(i) Curtains or equivalent means of providing visual privacy;

(ii) Clocks with sweep second hands or equivalent;

(iii) One handwash sink;

(iv) A physiological monitor with an audio alarm system for each bed;

(v) Charting area; and

(vi) An interval timer consistent with scope of service;

(e) Uncarpeted floors;

(4) Provide nursing support area or equivalent with:

(a) Space for patient monitoring equipment including:

(i) Slave oscilloscope with audio alarm for continuous display of each patient's electrocardiogram;

(ii) Rate meter; and

(iii) Recorder;

(b) Wall-mounted clock with sweep second hand or equivalent;

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and

(c) A writing surface.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-725, filed 1/28/99, effective 3/10/99.]

WAC 246-320-735 Alcoholism and chemical dependency nursing unit.
Hospitals will:

(1) Provide each alcoholism and chemical dependency nursing unit with support facilities equipped with door closers and locks on all housekeeping, medication, storage, and utility rooms, and meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility;

(d) WAC 246-320-535(6) nourishment facilities; and

(e) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate each nursing unit to avoid through traffic to any service, diagnostic, treatment, or administrative area and to control access;

(3) Provide the unit with:

(a) Patient rooms, toilet rooms, bathing facilities, and nursing support station or equivalent, as required in WAC 246-320-685;

(b) Examination and treatment room available including:

(i) Minimum room area of one hundred square feet;

(ii) Minimum dimension of eight feet;

(iii) Handwash sink;

(iv) Work surface; and

(v) Storage cabinet;

(c) Social facilities with at least four hundred square feet for unit of ten beds or less. Add twenty square feet per bed for each additional bed;

(d) Offices for staff;

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(e) Interview and counseling rooms for patient confidentiality and privacy;

(f) Facilities for patients to launder personal belongings;

(g) Detoxification area, if planned, with patient rooms equipped with oxygen and suction outlets at each bed; and

(h) A staff toilet with handwash sink available on the unit.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-735, filed 1/28/99, effective 3/10/99.]

WAC 246-320-745 Psychiatric facilities. Hospitals will design psychiatric facilities to prevent opportunity for suicide and:

(1) Provide psychiatric facilities with support facilities equipped with door closers and locks on all housekeeping, medications, storage, and utility rooms and meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility;

(d) WAC 246-320-535(6) nourishment facilities with provision for self-dispensing ice; and

(e) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate to avoid through traffic to any service, diagnostic, treatment and/or administrative area, and penetration of objectionable noise, or odors from other areas of the hospital;

(3) Provide psychiatric treatment facilities including:

(a) Treatment and examination room, unless available in an adjacent area or unit, with minimum dimension of eight feet and at least one hundred square feet, including:

(i) A handwash sink;

(ii) A clock with sweep second hand or equivalent;

(iii) A writing surface; and

(iv) A storage cabinet;

(b) Patient toilet rooms, adjoining each patient room, with water closets in ratio of at least one water closet and handwash sink to every four beds;

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(c) A staff toilet with handwash sink available on the unit;

(d) Patient bathing facilities with showers or tubs in the ratio of at least one bathing facility per eight beds or major fraction thereof. Beds having a bathing facility adjoining the patient room will be excluded from the ratio;

(e) Administrative facilities with:

(i) Storage for personal effects of staff apart from storage for patient care supplies and equipment;

(ii) Office or private area for staff and supervisory activities; and

(iii) Lockable storage for patient personal belongings;

(f) Waiting area adjacent to the unit;

(g) A wheelchair-accessible:

(i) Water fountain; and

(ii) Public telephone;

(h) Facilities for patient laundry;

(4) Provide patient rooms:

(a) Meeting requirements in WAC 246-320-685 (4)(a) and (b) with exception of maximum capacity of two beds per patient room and optional privacy curtains; and

(b) With a wardrobe, closet, or locker per bed;

(5) Provide a nursing support station or equivalent with:

(a) A writing surface;

(b) Storage for patient charts and supplies;

(c) A telephone; and

(d) A clock;

(6) Provide a seclusion room with:

(a) Design to minimize potential for stimulation, escape, hiding, injury, or suicide;

(b) Maximum capacity of one patient;

(c) Doors to open outward into a vestibule or anteroom;

(d) At least space of eighty square feet;

(e) Minimum dimension of eight feet;

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- (f) Staff-controlled, lockable, adjoining toilet room; and
- (g) A provision for staff to see the occupant at all times;
- (7) Provide suitably equipped areas for:
 - (a) Dining;
 - (b) Occupational and recreational therapies with:
 - (i) Handwash sink;
 - (ii) Work counter; and
 - (iii) Storage and physical/occupational therapy displays or other training features consistent with scope of service;
 - (c) Day room;
 - (d) Physical activity and patient recreation on the unit or elsewhere on the hospital premises; and
 - (e) Group therapy;
- (8) Provide space and privacy for interviewing, group, family, and individual counseling;
- (9) Provide:
 - (a) All windows and relites:
 - (i) Meeting requirements in WAC 246-320-525 (2)(i); and
 - (ii) Installation of security or maximum security windows or equivalent;
 - (b) Tamper-resistant accessories and equipment in all rooms used by patients; and
 - (c) Tamper-resistant electrical receptacles;
- (10) If electroconvulsive therapy (ECT) rooms are planned, meet the requirements for interventional services - cardiology/angiography in WAC 246-320-525 (Tables 1 through 5), and provide:
 - (a) At least an area of one hundred fifty square feet;
 - (b) Minimum dimension of twelve feet; and
 - (c) The following equipment:
 - (i) Emergency call;
 - (ii) Handwash sink;

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- (iii) Storage for supplies and equipment;
- (iv) Space and electrical receptacles for ECT machine;
- (v) Oxygen and suction outlet;
- (vi) Stretcher or treatment table or equivalent;
- (vii) Space for emergency medical supplies and equipment;
- (viii) Space for anesthesia machine or cart and equipment;
- (ix) Space for electrocardiograph (EKG) monitor; and
- (x) Clock with sweep second hand or equivalent;

(11) If ECT is performed, provide a recovery facility, which may be the patient room or PACU with:

- (a) Location near ECT treatment room;
- (b) Oxygen and suction for each bed, stretcher, or cart; and
- (c) Easy access to a clean and soiled utility room.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-745, filed 1/28/99, effective 3/10/99.]

WAC 246-320-755 Rehabilitation facilities. Hospitals will:

(1) Provide rehabilitation facilities with support facilities located for convenient use by staff meeting requirements in:

- (a) WAC 246-320-535(1) staff facilities; and
- (b) WAC 246-320-535(4) housekeeping supply room;

(2) Locate rehabilitation facilities for easy access by patients, avoiding outpatient traffic through inpatient areas and meeting accessibility requirements in WAC 51-40-1100;

(3) Meet the requirements in WAC 246-320-765 for an inpatient rehabilitation nursing unit;

(4) Provide outpatient rehabilitation facilities, if planned, with:

- (a) Patient toilet;
- (b) Changing area with lockers or other suitable clothing storage;

(c) Reception and waiting area in or convenient to the facility;

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(d) Office and work space with communication device for staff;

(e) Public toilets for each sex convenient to the facility; and

(f) Ready access to emergency medical equipment;

(5) Provide physical therapy facilities, if planned, meeting requirements in subsection (4) of this section with:

(a) General treatment area including:

(i) Private areas large enough for therapist to access both sides of work station;

(ii) Arrangement to permit easy access for wheelchair or stretcher patients;

(iii) Therapy area of at least thirty-six square feet usable floor area per patient in therapy at any one time; and

(iv) Provision for patient privacy;

(b) Handwash sink in or convenient to treatment areas;

(c) Storage for hot packs and equipment;

(d) Refrigeration for cold packs;

(e) Area for physical activities and equipment; and

(f) Clean linen storage;

(6) Provide occupational therapy facilities, if planned, meeting requirements in subsection (4)(a) and (c) through (f) of this section with:

(a) Therapy areas of at least thirty-six square feet useable floor area per patient in therapy at any one time, divided and equipped for diversified work;

(b) Handwash sink with plaster trap consistent with scope of service;

(c) Storage for supplies and equipment; and

(d) Provision for patient privacy;

(7) Provide pools, spas, and tubs which remain filled between patients, if planned, meeting requirements in chapter 246-260 WAC Water recreation facilities.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-755, filed 1/28/99, effective 3/10/99.]

WAC 246-320-765 Long-term care and hospice unit. Hospitals will:

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(1) Provide each long-term care and hospice unit with support facilities:

(a) Meeting requirements in:

(i) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(ii) WAC 246-320-535(4) housekeeping supply room;

(iii) WAC 246-320-535(5) medication distribution facility;

(iv) WAC 246-320-535(6) nourishment facilities;

(v) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room; and

(b) With locks and closers on all doors where housekeeping chemicals are stored;

(c) With additional general storage space for patient belongings in addition to closets and equipment storage provided in the long-term care service area; and

(d) With a self-dispensing ice machine;

(2) Locate long-term care unit to minimize through traffic and penetration of objectionable noise, or odors from other areas of the hospital;

(3) Patient personal laundry area with handwash sink;

(4) Provide long-term care unit with:

(a) Wheelchair accessible patient toilets including:

(i) Water closets in a ratio of at least one per four beds;

(ii) Bedpan flushing equipment;

(iii) Accessibility from each patient room;

(iv) A handwash sink in each adjoining toilet room for each multibed room; and

(v) Grab bars properly located and securely mounted on both sides of the water closet;

(b) Handwash sink in each patient room located as near to entry as practical;

(c) Handrails along both sides of all patient use corridors;

(d) Patient bathing facilities including:

(i) Showers or tubs in a ratio of at least one per fifteen beds

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or major fraction thereof;

(ii) At least one bathing by immersion fixture or equivalent accessible for wheelchairs and stretchers;

(iii) One roll-in shower or equivalent designed for ease of shower chair entry; and

(iv) Grab bars at patient bathing facilities in accordance with WAC 51-40-1100 with addition of one vertical bar at the faucet end;

(e) Waiting room or area near public toilet rooms;

(5) Provide patient rooms with:

(a) Maximum capacity of two beds per patient room;

(b) Meeting requirements in WAC 246-320-685 (4)(a) and (b);

(c) At least eighty-five square feet usable floor space per bed in multibed rooms;

(d) Space for wheelchair storage;

(e) The provision for patient privacy in all rooms;

(f) One wardrobe or closet for hanging of full-length garments; and

(g) A securable drawer for personal effects per patient;

(6) Provide a nursing support area meeting requirements in WAC 246-320-685 (5)(b);

(7) Provide office for confidential staff communications;

(8) Provide suitably equipped patient areas in the long-term care facility with:

(a) Day/dining room, recreation, activity room or rooms with windows totaling at least four hundred square feet and twenty additional square feet for each additional bed over twenty;

(b) Space and privacy for group, family, and individual counseling; and

(c) At least one wheel chair accessible toilet opening directly from main corridor adjacent to (a) and (b) of this subsection;

(9) Provide occupational therapy and physical therapy facilities as described in WAC 246-320-755 either in the long-term care unit or elsewhere in the hospital;

(10) Include the following features if planning to provide a protective facility for cognitively impaired patients:

(a) Floors, walls, and ceiling surfaces displaying contrasting

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colors for identification;

(b) Instruction labels on door release devices requiring direction for use;

(c) Secured outdoor space and walkways, when outdoor space is provided, including:

(i) Walls or fences at least six feet high and designed to prevent climbing and penetration;

(ii) Ambulation area with:

(A) Walking surfaces firm, stable, and free from abrupt changes in elevation; and

(B) Slip-resistant walking surfaces on areas subject to wet conditions;

(iii) Exits from the secured outdoor spaces and walkways releasing automatically upon activation of fire alarm signal or upon loss of power; and

(iv) Nontoxic plants for landscaping;

(d) Plants used for interior decoration must be nontoxic;

(11) If a hospice unit is planned, meet subsections (1) through (7) of this section and include:

(a) Medication storage room meeting WAC 246-320-535 (5)(a);

(b) Children's play room or area with tamper resistant electrical receptacle, if provided;

(c) Kitchen located to prevent objectionable heat, noise, and odors to patient care areas with:

(i) Refrigerator;

(ii) Two-compartment sink;

(iii) Domestic dishwasher, if provided with 155°F water supply;

(iv) Range with exhaust hood;

(v) Work surfaces; and

(vi) Storage;

(d) Day/dining room consistent with scope of service; and

(e) Space and privacy for interviewing group, family, and individual counseling consistent with scope of service.

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[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-765, filed 1/28/99, effective 3/10/99.]

WAC 246-320-775 Dialysis facilities. Hospitals will:

(1) Provide dialysis facilities with support facilities meeting requirements in:

(a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(b) WAC 246-320-535(4) housekeeping supply room;

(c) WAC 246-320-535(5) medication distribution facility; and

(d) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(2) Locate dialysis facility to minimize outpatient traffic through inpatient areas and to facilitate transport of patients to and from other hospital services areas;

(3) Provide a dialysis facility with:

(a) Uncarpeted floors in patient care and wet areas;

(b) Coat hooks or equivalent for hanging full length garments;

(c) A patient waiting area;

(d) Patient preparation areas adjacent to dialysis stations with provisions for:

(i) A handwash sink; and

(ii) Storage;

(e) A work station for staff with writing surfaces and storage for supplies;

(f) Privacy areas for interviewing and consultation;

(g) A conveniently located toilet;

(h) Patient education room with a handwash sink if home training is planned;

(i) Chemical storage room; and

(j) Reuse room with:

(i) Capture hoods, exhausting directly to outdoors, capable of maintaining formaldehyde levels less than 0.5 parts per million in the rooms;

(ii) Eyewash; and

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(iii) Handwash sink;

(4) Provide dialysis stations including:

(a) Minimum square feet per dialysis station of:

(i) Fifty square feet excluding aisles when the service uses recliner chairs; and

(ii) Eighty square feet excluding aisles when the service uses beds;

(b) A handwash sink convenient to each dialysis station;

(c) Medical emergency signal for station isolated from immediate staff assistance; and

(d) Plumbing for each dialysis station providing:

(i) A water supply system or mechanism capable of meeting the flow and pressure requirements of the manufacturer for each machine;

(ii) A waste line serving dialysis equipment with an unalterable air gap or equivalent to prevent backflow;

(iii) Connections to the dialysis equipment or equivalent to prevent backflow; and

(iv) Piping and fittings used for all dialysis functions conforming to current National Sanitation Foundation Standard No. 14 entitled "Plastics Piping Components."

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-775, filed 1/28/99, effective 3/10/99.]

WAC 246-320-785 Imaging facilities. Hospitals will:

(1) Provide imaging facilities with:

(a) Support facilities meeting requirements in:

(i) WAC 246-320-535(1) staff facilities, if planned;

(ii) WAC 246-320-535(2) clean storage room;

(iii) WAC 246-320-535(4) housekeeping supply room; and

(iv) WAC 246-320-535(8) soiled utility room;

(b) A processing or dark room if planned, including:

(i) A safe light;

(ii) Developing tank with a thermostatic mixing valve, or automatic film processor with appropriate backflow protection;

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- (iii) Film storage, shielded from stray radiation;
- (iv) Work counter;
- (v) Sink; and
- (vi) Lighting for clean-up and maintenance purposes;
- (c) A dressing area with rooms or booths for privacy including:
 - (i) Provision for clean and soiled linen storage in or near dressing rooms or booths;
 - (ii) At least one booth or room designed to accommodate a wheelchair in or adjacent to the dressing area;
 - (iii) Provisions for hanging clothing and securing valuables; and
 - (iv) Seat or bench in each room or booth;
- (d) An image viewing area with:
 - (i) Film illuminator or equivalent consistent with scope of service; and
 - (ii) Location to prevent public view of films;
- (e) A waiting area with space for wheelchair patients, stretcher patients, and ambulatory patients;
- (f) A toilet connected to or convenient to radiographic room or rooms;
- (g) Supply and equipment storage including protected storage for unexposed film; and
- (h) Administrative facilities with:
 - (i) Office area, with provision for consultation; and
 - (ii) An active film file area;
- (2) Locate imaging facilities to minimize outpatient traffic through inpatient areas and facilitate transport of patients to and from other hospital services areas;
- (3) Provide each radiographic room with:
 - (a) Access for wheeled stretcher or bed movement;
 - (b) Control area with view window to allow full view of patient at all times;
 - (c) Grounding of table, tube stand and controls, and any associated electrical apparatus in accordance with WAC

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246-320-99902(3);

(d) Easily accessible handwash sink;

(e) Provision for patient privacy; and

(f) Proper shielding of room meeting requirements in chapter 246-221 WAC Radiation protection standards;

(4) Magnetic resonance imaging (MRI) room, if planned, with:

(a) A minimum floor space consistent with scope of service and equipment plan; and

(b) Patient holding area consistent with scope of service to accommodate stretcher(s);

(5) Provide additional radiographic rooms meeting the requirements in subsection (3) of this section, WAC 246-320-675 Interventional service facilities, and WAC 246-320-795 Nuclear medicine facilities, as appropriate.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-785, filed 1/28/99, effective 3/10/99.]

WAC 246-320-795 Nuclear medicine facilities. Hospitals will:

(1) Provide nuclear medicine facilities with:

(a) Housekeeping facilities meeting requirements in WAC 246-320-535(4);

(b) Impermeable, readily decontaminated work surfaces and floors subject to spills of radioactive solutions; and

(c) A private patient clothes changing room or area including a receptacle for potentially contaminated hospital clothing;

(2) Locate the nuclear medicine facility to avoid outpatient traffic through inpatient areas with minimum exposure hazard to patients and personnel;

(3) Provide radiochemistry lab with radiation shielding and other protective devices to facilitate safe storage and handling of nuclides and waste materials including:

(a) Separate work surfaces for patient dose and clinical specimen preparation;

(b) Fume hood, if appropriate, in accordance with WAC 246-320-525 (3)(k);

(c) Lockable nuclide storage;

(d) Equipment and supply storage;

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- (e) Corrosion-resistant sink suitable for handwashing; and
- (f) Lockable storage for all radioactive materials, equipment, and waste;
- (4) Locate patient imaging room away from X-ray machines, and radioactive materials or shield the room and provide with:
 - (a) Administrative work surface at least ten feet away from imaging device;
 - (b) Space for examination bed, table, or equivalent;
 - (c) Work surface equipment; and
 - (d) Storage.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-795, filed 1/28/99, effective 3/10/99.]

WAC 246-320-805 Emergency facilities. Hospitals will:

- (1) Provide emergency facilities with support facilities meeting requirements in:
 - (a) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;
 - (b) WAC 246-320-535(4) housekeeping supply room;
 - (c) WAC 246-320-535(5) medication distribution facility; and
 - (d) WAC 246-320-535(8) soiled utility room;
- (2) Locate patient entrance to emergency facilities to provide:
 - (a) Ready access at grade level to pedestrian, ambulance, and other vehicular traffic;
 - (b) Protection of emergency patient and the interior of the emergency facility from weather when a patient is brought from an ambulance or other vehicle into the emergency facility with:
 - (i) Port-size to accommodate at least one vehicle twenty-two feet long, eleven feet high, and eight feet wide designed to:
 - (A) Permit attendants to stand on same level as entrance when removing a stretcher from vehicle; and
 - (B) Accommodate different levels of approach with curb cuts for pedestrian traffic;
 - (ii) Automatic doors;

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(3) Locate an emergency facility to:

(a) Avoid traffic through emergency treatment facilities to any other area of hospital; and

(b) Facilitate transfer of patients to other hospital service areas;

(4) Provide emergency facilities with:

(a) Emergency receiving/triage area adjacent to emergency entrance, and convenient to treatment rooms;

(b) Decontamination area with shower and floor drain to sanitary sewage system adjacent to entrance;

(c) Registration area including:

(i) Office space or work space for registration, located to control access to emergency facility patient care areas; and

(ii) A communication device;

(d) Waiting area and public telephone located outside the main traffic flow;

(e) Police, press, and ambulance attendant room, if planned, located outside the main traffic flow;

(f) Work area for staff;

(g) Privacy curtains or equivalent in examination, treatment, or observation rooms;

(h) At least one patient toilet convenient to examination and treatment rooms and located so patients receiving treatment have access without entering a public corridor;

(i) Sink with plaster trap;

(j) At least one public toilet for each sex accessible to waiting area; and

(k) Storage for:

(i) Stretcher(s) and wheelchair(s) adjacent to emergency facility entrance;

(ii) Mobile cart(s) with emergency medical supplies and equipment, in a clean area, readily accessible from all rooms used for patient care or treatment;

(iii) Portable X-ray equipment, if stored in emergency facility; and

(iv) Other major portable or mobile equipment;

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(5) Provide at least one major or minor treatment or exam room with negative air pressure for the management of airborne diseases. See WAC 246-320-525 (Table 525-3) for requirements for Airborne Precaution Room. This can be the same room required in subsection (7) or (8) of this section;

(6) Provide at least one major treatment or trauma room with:

(a) Dimensions and arrangement to provide:

(i) Clear space at least four feet wide at both sides and both ends of each treatment table or stretcher; and

(ii) Clear eight feet wide space between treatment tables or stretchers;

(b) Storage for clean and sterile supplies and small equipment;

(c) Work surface in each patient treatment room;

(d) A scrub sink located separate from clean and sterile supply storage, equipment, drugs, and patient treatment area;

(e) Ceiling mounted treatment light for each treatment space;

(f) Film illuminator or equivalent;

(g) Outlet for mobile X-ray machine;

(h) Clock with sweep second hand or equivalent within view of each treatment space;

(i) Storage space for major medical equipment; and

(j) Space for linen hampers and waste containers;

(7) Provide minor treatment and examination room, if planned, with:

(a) Dimensions and arrangement to provide:

(i) Clear space at least three feet at each side and end of each treatment table or stretcher; and

(ii) Clear six feet wide space between treatment tables or stretchers;

(b) Handwash sink separate from patient treatment area;

(c) Work surface separate from patient treatment area;

(d) Storage for supplies and equipment;

(e) Examination light;

(f) Readily accessible film illuminator or equivalent; and

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(g) Space for linen hampers and waste containers convenient to all treatment rooms;

(8) Provide observation room, if planned, located convenient to staff work area with:

(a) At least one hundred square feet in one-bed rooms;

(b) Each multiple-bed room designed to provide:

(i) At least four feet wide space between side of each bed or stretcher and wall, other bed, or fixed equipment;

(ii) At least four feet wide space between foot end of any bed and any wall or fixed equipment; and

(iii) Six feet foot to foot;

(c) Handwash sink separate from patient treatment area; and

(9) Provide room for severely disturbed patients, if planned, for patient safety meeting the requirements in WAC 246-320-745(6).

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-805, filed 1/28/99, effective 3/10/99.]

WAC 246-320-815 Outpatient care facilities. Hospitals will:

(1) Design outpatient care facilities meeting the general design requirements in WAC 246-320-525(4) plumbing, WAC 246-320-525(6) interior finishes, and WAC 246-320-525(7) bathroom and toilet rooms;

(2) Provide outpatient care facilities with a housekeeping supply room meeting the requirements in WAC 246-320-535(4);

(3) Locate outpatient care facilities to minimize outpatient traffic through inpatient areas;

(4) Provide for the following:

(a) Easy access for outpatients;

(b) Conveniently located waiting room;

(c) Patient toilet with handwash sink;

(d) Changing area with locker or other suitable clothing storage;

(e) Administrative facilities including:

(i) Registration area or room;

(ii) Work surface or desk;

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- (iii) Telephone;
 - (iv) Clock;
 - (v) Storage space; and
 - (vi) Room for confidential communication, convenient to the unit;
- (5) Provide outpatient exam or treatment facilities, if planned, with:
- (a) Direct accessibility from the corridor;
 - (b) Support facilities meeting the requirements in:
 - (i) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;
 - (ii) WAC 246-320-535(5) medication distribution facility; and
 - (iii) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room; and
 - (c) Single bed rooms of at least one hundred square feet or multibed rooms with at least eighty square feet per patient, including:
 - (i) Privacy curtains or equivalent for each patient in multibed rooms;
 - (ii) Closet, locker, or equivalent for each patient;
 - (iii) Handwash sink in the ratio of one for every six patients or major fraction thereof in multibed rooms;
 - (iv) Adjoining toilet with handwash sink; and
 - (v) A clock;
 - (d) Exam or treatment rooms including:
 - (i) Minimum eight feet dimension with eighty square feet of floor space;
 - (ii) Handwash sink;
 - (iii) Examination table or equivalent;
 - (iv) Examination light or equivalent;
 - (v) Storage for supplies and equipment;
 - (vi) Film illuminator or equivalent conveniently available; and
 - (vii) Coat hook or equivalent;

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(e) Nursing support area meeting the requirements in WAC 246-320-685 (5)(b);

(6) Meet the general design requirements in WAC 246-320-525 for the following areas if planned:

(a) Surgical suites in accordance with WAC 246-320-635;

(b) Post anesthesia care unit (PACU) in accordance with WAC 246-320-645;

(c) Interventional services in accordance with WAC 246-320-675;

(d) Airborne precaution room in accordance with WAC 246-320-685(6);

(e) Central sterilizing in accordance with WAC 246-320-575; and

(f) Any area where patients are rendered nonambulatory;

(7) Provide a room or rooms for preoperative and predischage functions, if planned, with:

(a) Access to support facilities meeting the requirements in:

(i) WAC 246-320-535(2) clean storage room or WAC 246-320-535(3) clean utility room;

(ii) WAC 246-320-535(5) medication distribution and storage;

and

(iii) WAC 246-320-535(7) soiled storage room or WAC 246-320-535(8) soiled utility room;

(b) Convenient access to main hospital operating room or provide separate operating room meeting requirements in WAC 246-320-635; and

(c) Convenient access to main hospital interventional service facilities or provide separate interventional services facilities meeting the requirements in WAC 246-320-675.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-815, filed 1/28/99, effective 3/10/99.]

WAC 246-320-990 Fees. Hospitals licensed under chapter 70.41 RCW shall:

(1) Submit an annual license fee of eighty-seven dollars and eighty cents for each bed space within the licensed bed capacity of the hospital to the department;

(2) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of this chapter for

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twenty-four-hour assigned patient rooms;

(3) Include neonatal intensive care bassinet spaces;

(4) Include bed spaces assigned for less than twenty-four-hour patient use as part of the licensed bed capacity when:

(a) Physical plant requirements of this chapter are met without movable equipment; and

(b) The hospital currently possesses the required movable equipment and certifies this fact to the department;

(5) Exclude all normal infant bassinets;

(6) Limit licensed bed spaces as required under chapter 70.38 RCW;

(7) Submit an application for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to department establishment of the hospital licensed bed capacity; and

(8) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.

[Statutory Authority: RCW 43.70.250, 18.46.030, 43.70.110, 71.12.470. 04-19-141, § 246-320-990, filed 9/22/04, effective 10/23/04. Statutory Authority: RCW 43.70.250 and 70.38.105(5). 03-22-020, § 246-320-990, filed 10/27/03, effective 11/27/03. Statutory Authority: RCW 43.70.250. 02-13-061, § 246-320-990, filed 6/14/02, effective 7/15/02. Statutory Authority: RCW 70.41.100, 43.20B.110, and 43.70.250. 01-20-119, § 246-320-990, filed 10/3/01, effective 11/3/01; 99-24-096, § 246-320-990, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-990, filed 1/28/99, effective 3/10/99.]

WAC 246-320-99902 Appendix B--Dates of documents adopted by reference in chapter 246-320 WAC. (1) Accepted Procedure and Practice in Cross-contamination Control, Pacific Northwest Edition, 9th Edition, American Waterworks Association.

(2) Association for Advancement of Medical Instrumentation, (AAMI), 1997.

(3) National Fire Protection Association (NFPA) 70-1996. Required.

(4) National Fire Protection Association (NFPA) 82, Chapter 2, 1994. Required.

(5) National Fire Protection Association (NFPA) 90A and 90B, 1996. Required.

(6) National Fire Protection Association (NFPA) 99, Chapter 4,

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1996. Required.

(7) National Fire Protection Association (NFPA) 99, Chapter 7, 1996. Required.

(8) National Fire Protection Association (NFPA) 101, 1997. Required.

(9) Uniform Building Code, 1997, hereafter amended by the state of Washington (chapter 51-40 WAC). Required.

(10) Uniform Fire Code, Article 74, 1997. Required.

(11) Uniform Fire Code, Article 79, 1997. Required.

(12) Uniform Fire Code, Article 80, 1997. Required.

(13) Uniform Mechanical Code, 1997, hereafter amended by the state of Washington (chapter 51-42 WAC). Required.

(14) Uniform Plumbing Code, 1997, hereafter amended by the state of Washington (chapter 51-46 WAC). Required.

(15) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994. Morbidity and Mortality Weekly Report (MMWR), Volume 43, October 28, 1994.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-99902, filed 1/28/99, effective 3/10/99.]